

**I would like to express an interest in the ACTIVE GRIEF WEEKENDS**

**AUTUMN 2019 / SPRING 2020**

Please complete and return to [info@thegoodgriefproject.co.uk](mailto:info@thegoodgriefproject.co.uk)

**About you**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Email |  | | |
| Post Code |  | | |
| Best contact phone number | |  | |
| How many places are you interested in | | |  |

**About your child**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of your child |  | | |
| Date of death: | | | Age at death: |
| Cause of death: | | | |
| Relationship to your child | |  | |

**About the weekend**

|  |  |  |
| --- | --- | --- |
| Which weekend are you most interested in  Please mark with X | Autumn 2019 (venue TBA) |  |
| Spring 2020 (venue TBA) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Which sessions are you most looking forward to ?  (please mark with X 5 = a lot , 1 = not at all) | Mindfulness | 5 | 4 | 3 | 2 | 1 |
| Photography | 5 | 4 | 3 | 2 | 1 |
| Active physical | 5 | 4 | 3 | 2 | 1 |
| Creative Writing | 5 | 4 | 3 | 2 | 1 |
| How do you think you will benefit from attending the ACTIVE GRIEF WEEKEND ? | | | | | | |
|  | | | | | | |

|  |
| --- |
| Do you have any particular skills or interests that you feel are relevant to attending the ACTIVE GRIEF WEEKEND ? |
|  |

The **ACTIVE GRIEF WEEKEND** is a residential weekend – arriving at 4 pm on Friday leaving on Sunday after lunch. The weekend is full board and all meals are included.

The expected cost is around £250 per person – Can you afford this ? **YES/ NO**

**Would you like to apply for a bursary ?** If so please tell us why …

|  |
| --- |
| I/we would like to apply for a bursary to attend the ACTIVE GRIEF WEEKEND because - |

I/we understand that this is merely an expression of interest and this is not a commitment to attend the ACTIVE GRIEF WEEKEND



SIGNED DATE

|  |
| --- |
| **Thank you – we appreciate your interest. We will add your name to the waiting list and let you know as soon as we have worked out costs – only then will you need to make a firm booking. Jimmy, Jane, Joe, Jo B. Marie, Rosa and Harriet** |

**WHAT TO DO NOW –** If you have completed the form digitally – please SAVE AS adding your name like this - AGW interest from (your name).docx and return as an attachment to the following email – [info@thegoodgriefproject.co.uk](mailto:info@thegoodgriefproject.co.uk)

If you have printed and completed the form in long hand – please either scan and return as above or mail to:

Active Grief Weekend

THE GOOD GRIEF PROJECT

1 Cotswold Place, Chalford Hill,

Stroud, Glos GL6 8EJ.