**The Bereavement Journey Cumbria**

**Booking Form**

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| **Please choose a preferred course date** | Thursday 17 September – Thursday 22nd October 7.30-9.30pmThursday 5th November – Thursday 10th December 7.30-9.30pmI would like to go on the waiting list |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone number** |  |
| **Age group**(please specify if you wish) | 18-3031-50 51-70 71 and over |
| **Gender**(please specify if you wish) | MaleFemale |
| **Who has died, and what is your connection with them – eg husband, friend…** |  |
| **How did they die?** |  |
| **When did they die?** |  |
| **How did you hear about this course?** |  |
| **Any other relevant information you would like us to know –** eg maybe you attend a church, or another supportive group |  |

**Please email this completed form to shelagh.goldie@gmail.com**