



**MoodMaster®**

Enabling professionals to deliver world-class programmes on mental health and wellbeing, direct to their clients.

# Registration

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

GP Name and Address: \_\_\_\_\_

\_\_\_\_\_

## Disclaimer

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In attending MoodMaster sessions I accept the above conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Now please hand this to your group leader,  
who will give you a weekly observation sheet.

**If you have queries: call 0116 241 1066,  
email [office@moodmaster.co.uk](mailto:office@moodmaster.co.uk) or visit [www.moodmaster.co.uk](http://www.moodmaster.co.uk)**

MoodMaster, The Dower House, Thurnby, Leicestershire LE7 9PH.