

Course Registration

Male
New Student

Female
Old Student

Please answer all questions fully using Block Capitals for your name. The information you provide on this form is for the conducting teacher and will be treated as strictly confidential.

First Name _____ Family Name _____ Date of Birth _____ Age _____

Occupation _____ Native Language _____ Do you understand English well? _____

Is a friend or family member taking this course? Yes No

If yes, please write his/her name here _____

For Old Students

Have you completed a 10-day course with S.N.Goenka or any of his assistant teachers? Yes No

When was your first course? _____ When was your last course? _____

How many courses have you sat? _____ How many courses have you served? _____

Have you maintained your Vipassana practise since your last course? Yes No

Please indicate the total number of courses completed

10Day _____ 20Day _____ 30Day _____ 45Day _____ Sati _____

For all students— Please read the following carefully

Have you read the **Code of Discipline** for the course?

Can you confirm that you are in a reasonably good state of mental and physical health?

For these ten days will you set aside all other techniques, prayers, rituals, mantras etc. and hand in any religious articles you might have brought with you?

For the duration of the course, will you abstain from the use of all alcohol, drugs and other intoxicants?

Do you agree to follow all the rules and keep to the timetable?

Do you agree to remain until the end of the course?

Will you observe complete silence for the first nine days of the course?

Yes, I have read, agree with and accept these terms

If you have difficulty with any of these questions, please inform the management when handing in your form.

Emergency Contact

Name _____ Home / Mobile tel _____

Relationship to you _____ Email _____

this form continues overleaf

Health

Do you now have or have you had in the past any mental difficulties? Yes No

If yes, and you haven't already submitted a health questionnaire, please give details

If you are pregnant, when is your baby due? _____



Medication

Are you now, or have you recently, been under a doctor's care or taking medication? Yes No

If yes, please give details and disclose any medicines including balms or herbal/homeopath etc. you have brought with you as self medication _____



Drug & Alcohol Use

Name of substance _____ Frequency _____ How long used? _____



Meditation Techniques, Therapies, Healing Practices

Have you practised meditation techniques, therapies or healing practices? Yes No

If yes, please give details _____

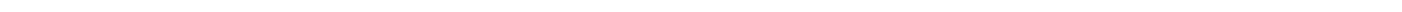
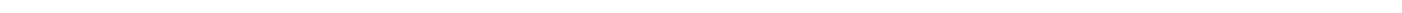
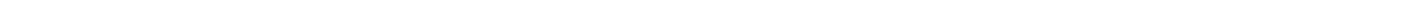
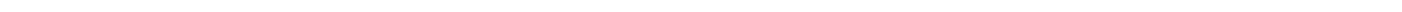
Do you teach or practice on others? Yes No

If yes, please give details. _____



Personal History

Please give a short personal introduction including your occupation, education, present state of mind and any special or important events in your life _____



I hereby acknowledge that I have carefully read and understood the Code of Discipline for the Vipassana Meditation course for which I am applying. I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course. I realize that a Vipassana Meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true and correct to the best of my knowledge.

Signature Date