

Course Application Form

Vipassana Meditation as taught by S.N.Goenka in the tradition of Sayagyi U Ba Khin

To apply for a place on the course please complete this form (using Block Capitals for your name and address), return it to the address overleaf and await notification. Please answer all questions fully. The information you provide on this form will be treated confidentially. Some of the information will be processed on a computer. By completing and signing this form, you give your consent to the storage and use of this information by the Vipassana course organizers as described in the Privacy Policy, a copy of which may be obtained from the course registrar or at the course site upon arrival.

Section 1 : All Students

Which courses do you wish to apply for ?

First choice :

Date	Location
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Second choice :

Date	Location
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First name		SURNAME				
Age	Date of birth	DD	MM	YYYY	Gender	Nationality
Home Address						
Town		Country			Postal code	
Home tel	Mobile tel		E-mail address			
Occupation	Native language		Other languages you understand well ?			

Section 2 : New Students

Have you had any previous experience with meditation techniques, therapies or healing practices ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details :		
Do you teach or practise on others ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details :		
Where, or from whom, did you learn about Vipassana ?		

Section 3 : Old Students

Anyone who has previously completed a course with S.N. Goenka or one of his assistant teachers.

Have you maintained your practice of Vipassana meditation since your last course ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
<i>Please give details (how much time daily, etc.) :</i>												
Have you practised any other meditation techniques (including other types of Vipassana), therapies or healing techniques since your last course with S.N. Goenka or his assistant teachers ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
<i>If yes, please give details :</i>												
Do you teach or practise on others ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
<i>If yes, please give details :</i>												
Can you come early to help with the set-up if needed ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Would you be willing to serve on the course should the need arise ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
Please give details of your first and last full course sat and the number of full time courses completed.												
First course sat	Date						Location			Teacher(s)		
Last course sat	Date						Location			Teacher(s)		
Total number of full time courses	Served	10-day	Sati	20-day	30-day	Other						

Section 4 : All Students

Do you have any physical health problems or medical concerns ?

Yes No

If yes, please give details. :

If you are pregnant,
please tick here

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc. ?

Yes No

If yes, please give details (dates, symptoms, duration, hospitalisation, treatment, present condition) :
If necessary, continue on another sheet.

Are you now taking, or have you taken within the past two years, any prescribed medication ?

Yes No

If yes, please give details (dates, types, dosage, present use) :

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as heroin, cocaine, ecstasy, amphetamines, marijuana or other intoxicants) ?

Yes No

If yes, please give details (dates, types, amounts, present use) :

Will a friend, partner or family member be taking this course as well ?

Yes No

If yes, please give the name(s) and relationship :

I acknowledge that I have carefully read and understood the **Code of Discipline** for the course (in the booklet **Vipassana Meditation. Introduction to the Technique**). I agree to stay on the course site and abide by all the rules and regulations for the duration of the course.

I realize that participation in a Vipassana meditation course is a serious undertaking and I affirm that I am in a reasonably good state of mental and physical health.

To the best of my knowledge, I have given true and complete answers to all the questions.

Date _____

Signature of applicant _____

Please return this form to:

Centre Vipassana Dhamma Mahi
Le Bois Planté
F – 89350 Louesme (France)

Tel. [0033] (0) 386 457 514
Fax: [0033] (0) 386 457 620
Email: info@mahidhamma.org

If you are an old student and you are not attending the entire course, please give the date and time of your arrival and departure :

	Time	Date
Arrival		
Departure		

If you are driving to the course site and have no objection to being contacted by others seeking transport, please tick here: