



Vipassana Meditation

As taught by S.N. Goenka
in the tradition of Sayagyi U Ba Khin

COURSE APPLICATION FORM

To apply for a place in the course, please complete the form, send to the above address and await notification. Please answer all questions fully. This information will be kept strictly confidential.

Course Dates: From _____ To _____

First Name (Given Name)	Last Name (Family Name)	Age (Years):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address/P.O. Box:	Phone: Home: Work: Mobile/Cell:	Date of Birth: Yr _____ Mo _____ Day _____	
Country:	Email:	Occupation:	

- Check here if you are driving and willing to be contacted by other students seeking a ride to the course.
- Will a friend or family member be taking this course as well? No Yes
If yes, write Name(s) and Relationship. _____
- Native Country Native Language _____
Other languages you understand well _____
- Have you completed any 10-day course with S.N. Goenka or any of his assistant teachers? Yes (Old Student)
No (New Student)

For New Students

- Have you had any previous experience with meditation techniques, therapies or healing practices? No Yes
a. If yes, please give details. _____
b. Do you teach or practice these techniques/therapies on others? No Yes
If yes, please give details. _____
- How did you learn about Vipassana, or who introduced you to this course? _____

For Old Students

- First Course:** Date _____ Location _____ Teacher(s) _____
- Most Recent Course (Sat):** Date _____ Location _____ Teacher(s) _____
- Total Number of 10-Day Courses:** _____ Sat full time _____ Served full time _____
a. Other courses Sat (Specify): _____
b. Other courses Served (Specify): _____
- Have you practiced 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? No Yes
a. If yes, please give details. _____
b. Do you teach or practice these techniques / therapies on others? No Yes If yes, please give details. _____

5. Have you maintained your practice of Vipassana meditation since your last course? No Yes
 If yes, please give details (how much time daily, etc.). _____
6. Check here if you can come early to help set-up if needed.
7. Check here if you would be willing to serve this course should the need arise.
8. If you are not attending the entire course, please give your arrival / departure dates and times.
 Arrival date and time _____ Departure date and time _____

For All Students (New and old students)

1. Do you have any physical health problems, medical conditions or diseases? If yes, please give details (dates, symptoms, duration, treatment, and present condition).	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. For women applicants: Please indicate whether you are pregnant.	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.? If yes, please give details (dates, symptoms, duration, hospitalization, treatment, and present condition).	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? If yes, please give details (dates, types, amounts, additions, treatment, and present use).	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Are you now taking, or have you taken within the past two years, any prescribed medication? If yes, please give details (dates, types, dosage, and present use).	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Any other information you wish to add.	

I acknowledge that I have carefully read and understood the booklet Vipassana Meditation, Introduction to the Technique and Code of Discipline for Meditation Courses. 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 to the best of my knowledge.

In addition, I hereby consent to the storage and handling on a computer or otherwise of my above stated personally identifiable information in accordance with the Privacy Policy of the facility at which the course for which I am applying is being held. A copy will be provided on request to that facility.

Signature	Date
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