

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. **All information submitted during the registration procedure for the course will be treated strictly confidentially and processed by the Vipassana Trust in accordance with the Privacy Policy, that is available on request. By signing this form I consent to this.**

Section 1 All Students

Which course do you wish to apply for?

Date		Location				
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? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you teach or practise on others? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? Please give details (how much time daily, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>																
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? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>																
Do you teach or practise on others? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>																
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.																	
	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Location</th> <th>Teacher(s)</th> </tr> </thead> <tbody> <tr> <td>First course sat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last course sat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total number of Full-time courses</td> <td>10-Day</td> <td>Satipatthana</td> <td>20-Day 30-Day Other Served</td> </tr> </tbody> </table>		Date	Location	Teacher(s)	First course sat				Last course sat				Total number of Full-time courses	10-Day	Satipatthana	20-Day 30-Day Other Served
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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 confirm 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.

Signature of applicant _____

Date _____

Please return this form to:

Dhamma Sumeru
Centre Vipassana, No. 140
CH-2610 Mont-Soleil / Switzerland

Tel. [0041] (32) 941 1670
Fax: [0041] (32) 941 1650
Email: info@sumeru.dhamma.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: