



APPLICATION FORM

MEDITATION COURSES

MY APPLICATION IS FOR... (please tick)

- Dru Meditation Foundation Course
- Dru Meditation Teacher Training Course

WHEN & WHERE I'D LIKE TO TRAIN...

Date of course

Location

YOUR DETAILS

Name

Address

.....

..... Post code

Email

Date of birth Tel (home)

Occupation Mobile

Tel (work) Next of kin

Are you a Dru Yoga graduate? If so, when did you graduate and where?

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Please give the name of the person who recommended this course to you

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MEDITATION AND YOU

How long have you practised meditation (in months or years)?

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Where have you learned to meditate, and what kinds of meditation practices?

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Which qualifying Dru Meditation Retreats have you attended? (where and when?)

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Why do you want to teach meditation?

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Do you suffer from any of the following (tick as appropriate):

- High/low blood pressure Epilepsy Fatigue Injury
- Back /neck problems Asthma Diabetes Cancer
- Eye-sight problems Hearing difficulty Physical disability
- Arthritis/joint problems Emotional health problems

If you ticked any of the above boxes, please give details below:

ABOUT YOUR HEALTH

Should your health change over the 3 years of the course please inform us at the earliest opportunity.

Have you seen a counsellor, psychiatrist or other mental health professional in the last 5 years? Please give details. (This information is important to help us guide you towards the most appropriate meditation practices.)

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Are you taking any medication? Please give details.

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ABOUT YOU (cont)

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