

Please read the following carefully. If you have difficulty answering 'yes' to any of these questions, please see the management before handing in your form.

Have you carefully read and understood the Code of Discipline in "Vipassana Meditation, Introduction to the Technique and Code of Discipline for Meditation Courses"?

Yes ☐ No ☐

For the duration of the course, will you set aside all other techniques, prayers, rituals, mantras etc.?

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

Realising that a Vipassana course is a serious undertaking, can you confirm that you are in a reasonably good state of mental and physical health?

Yes ☐ No ☐

### Consent

- ☐ I understand that personal data, including information on health, is securely stored and used by the organisers of the course.
- ☐ I read and understood the privacy statement while submitting my course application, and agree to the data storage and processing described.

### Using your personal information

The information which you supply to us will be used to organise the course and for the teacher to assess if you are capable to undergo the course. This will be done in accordance with the local privacy policy.

For further information on how your information is used, how we maintain the security of your information, and your rights to access information we hold on you, please write to [contact@privacy-eu.dhamma.org](mailto:contact@privacy-eu.dhamma.org)

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Dhamma Server

Please answer all questions fully.

The information you provide on this form will be treated in strict confidence.

*Use BLOCK CAPITALS for your name*

Given name \_\_\_\_\_ Male ☐ Female ☐

Surname / Family name \_\_\_\_\_

Occupation \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
DD MM YYYY

### Languages

Native Country \_\_\_\_\_

Language that you understand best \_\_\_\_\_

Other languages you understand well \_\_\_\_\_

How well do you speak and understand English?

Fully ☐ Well ☐ Partly ☐ Little or not at all ☐

### Part time servers only

Arrival date	Arrival time
Departure date	Departure time

### Emergency Contact *Use BLOCK CAPITALS for name*

Name \_\_\_\_\_

Full address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Country \_\_\_\_\_ Telephone + \_\_\_\_\_

Relationship to you \_\_\_\_\_

## FOR THE TEACHER

### Previous Courses (sat)

	Date	Location	Teacher(s)
First course			
Last course			

### Number of Courses Completed

10-day	Sati	20-day	30-day	Other	Served

Have you maintained your practice of Vipassana meditation since your last course?

Please give details (how much time daily, etc.). Yes ☐ No ☐

\_\_\_\_\_

Have you practised any other meditation techniques (including other types of Vipassana), since your last course with S.N. Goenka or his assistant teachers?

Yes ☐ No ☐

If yes, please give details. \_\_\_\_\_

Do you teach any of these techniques? If yes, please give details. Yes ☐ No ☐

\_\_\_\_\_

Have you practised therapies or healing techniques since your last course with S.N. Goenka or his assistant teachers? If yes, please give details. Yes ☐ No ☐

\_\_\_\_\_

Do you practise any of these therapies or healing techniques on other people?

Yes ☐ No ☐

If yes, please give details. \_\_\_\_\_

### Health

Do you have, or have you ever had, any mental or major physical health problems?

Yes ☐ No ☐

If yes, and you haven't already submitted a health questionnaire, please give details (including dates and present condition). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are pregnant, when is your baby due? \_\_\_\_\_

## FOR THE TEACHER

### Medication

Are you now, or have you recently, been taking any medication or have you been under a doctor's care? If yes, please give details (including dates and present use). Yes ☐ No ☐

\_\_\_\_\_

\_\_\_\_\_

### Drug & Alcohol use

If none, tick here ☐

Name of substance	Past use (how long)	Present use (frequency of use)

Any major addictions? If yes, please give details. Yes ☐ No ☐

\_\_\_\_\_

Civil / Marital status \_\_\_\_\_

Name of spouse/partner \_\_\_\_\_

Is he/she taking this course? Yes ☐ No ☐

Has he/she previously taken a Vipassana course? Yes ☐ No ☐

Is a friend or family member attending this course? Yes ☐ No ☐

If yes, please write their name(s) here: \_\_\_\_\_

How are your present relations with your family? \_\_\_\_\_

### Personal Introduction

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

\_\_\_\_\_

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\_\_\_\_\_ *this form continues overleaf*