

Pranic Healing & Meditation Centre Brisbane
3 Alderson St, Newmarket 4051 info@pranichealingcentre.com.au
APPLICATION FOR ARHATIC YOGA - PREP LEVEL

PLEASE PRINT CLEARLY:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POSTCODE _____

PHONE: () _____ MOBILE _____

EMAIL: _____

DO YOU SMOKE: YES _____ NO _____ DO YOU CONSUME ALCOHOL: YES _____ NO _____

DO YOU USE DRUGS FOR RECREATIONAL PURPOSE: YES _____ / NO _____

ARE YOU VEGETARIAN: YES _____ / NO _____

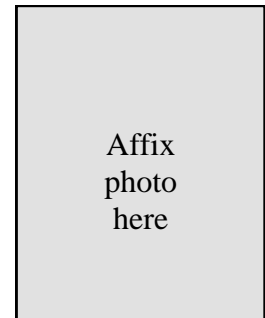
MEDICAL INFORMATION:

DO YOU HAVE A HISTORY OF SERIOUS ILLNESS (PHYSICAL/PSYCHOLOGICAL)?

YES _____ / NO _____ (IF YES, PLEASE SPECIFY CONDITION AND YEAR)

ARE YOU CURRENTLY TAKING MEDICATION?

YES _____ / NO _____ (IF YES PLEASE SPECIFY)



DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:

COURSE	PLACE CONDUCTED	DATE
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BASIC PRANIC HEALING		
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ADVANCED PRANIC HEALING		
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PRANIC PSYCHOTHERAPY		
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OTHER COURSES OF MASTER CHOA KOK SUI (CRYSTAL HEALING, ETC)		
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WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?

WHY DO YOU WANT TO ATTEND THIS COURSE?

SIGNATURE _____ DATE _____

NOTE: This application must be accompanied by a recent photograph and a Medical Certificate for Cardiovascular Fitness and a blood pressure check up.