## Pranic Healing & Meditation Centre Brisbane 3 Alderson St, Newmarket 4051 info@pranichealingcentre.com.au

## APPLICATION FOR ARHATIC YOGA - PREP LEVEL

| OO 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  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF  | PLEASE PRINT CLEARLY:  |  |              |
|---|------------------------|--|--------------|
| PHONE: ( )  | NAME:                  | DATE OF BIRTH:                                     |              |
| PHONE: ( )  | ADDRESS:               |  |              |
| 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?  PHOTO (IF YES PLEASE SPECIFY)  DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:  COURSE   |                        |  |              |
| 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  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE? | PHONE: ( )             | MOBILE   |              |
| 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  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE? | EMAIL:                 |  |              |
| 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  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?  |                        |  | 0            |
| MEDICAL INFORMATION:  DO YOU HAVE A HISTORY OF SERIOUS ILLNESS (PHYSICAL/PSYCHOLOGICAL)?  YES/ NO (IF YES, PLEASE SPECIFY CONDITION AND YEAR)  Affix photo here  YES/NO (IF YES PLEASE SPECIFY)  DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:  COURSE PLACE CONDUCTED DATE  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?   | DO YOU USE DRUGS FOR F | RECREATIONAL PURPOSE: YES/NO                       |              |
| OO YOU HAVE A HISTORY OF SERIOUS ILLNESS (PHYSICAL/PSYCHOLOGICAL)?  YES/ NO (IF YES, PLEASE SPECIFY CONDITION AND YEAR)  Affix photo here  YES/NO (IF YES PLEASE SPECIFY)  DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:  COURSE PLACE CONDUCTED DATE  BASIC PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?  | ARE YOU VEGETARIAN: YE | ES/ NO   |              |
| Affix photo here  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   | MEDICAL INFORMATION:   |  |              |
| Affix photo here  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   | DO YOU HAVE A HISTORY  | OF SERIOUS ILLNESS (PHYSICAL/PSYCHOLOGICAL)?       |              |
| ARE YOU CURRENTLY TAKING MEDICATION?  YES/NO ( IF YES PLEASE SPECIFY)  DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:  COURSE PLACE CONDUCTED DATE  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?   |                        | ·  |              |
| DETAILS OF PRANIC HEALING COURSES YOU HAVE TAKEN:  COURSE  PLACE CONDUCTED  DATE  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?  | ARE YOU CURRENTLY TAK  | KING MEDICATION?                                   | photo        |
| COURSE PLACE CONDUCTED DATE  BASIC PRANIC HEALING  ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?   | YES(NO( IF             | YES PLEASE SPECIFY)                                | here         |
| BASIC PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF MASTER CHOA KOK SUI (CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?  | DETAILS OF PRANIC HEAL | ING COURSES YOU HAVE TAKEN:                        |              |
| ADVANCED PRANIC HEALING  PRANIC PSYCHOTHERAPY  OTHER COURSES OF WASTER CHOA KOK SUI (CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?   | COURSE                 | PLACE CONDUCTED                                    | DATE         |
| OTHER COURSES OF WASTER CHOA KOK SUI CRYSTAL HEALING, ETC) WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED? WHY DO YOU WANT TO ATTEND THIS COURSE?   | BASIC PRANIC HEALING   |  |              |
| OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC) WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED? WHY DO YOU WANT TO ATTEND THIS COURSE?   | ADVANCED PRANIC HEALI  | NG   |              |
| OTHER COURSES OF MASTER CHOA KOK SUI CRYSTAL HEALING, ETC) WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED? WHY DO YOU WANT TO ATTEND THIS COURSE?   | PRANIC PSYCHOTHERAPY   |  |              |
| MASTER CHOA KOK SUI CRYSTAL HEALING, ETC)  WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?  |                        |  |              |
| WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?  WHY DO YOU WANT TO ATTEND THIS COURSE?   | MASTER CHOA KOK SUI    |  |              |
|   | ,                      | OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YO | OU ATTENDED? |
| SIGNATURE   | WHY DO YOU WANT TO AT  | TEND 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.