

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
BASIC PRANIC HEALING	<input type="text"/>	<input type="text"/>
ADVANCED PRANIC HEALING	<input type="text"/>	<input type="text"/>
PRANIC PSYCHOTHERAPY	<input type="text"/>	<input type="text"/>
OTHER COURSES OF MASTER CHOA KOK SUI (CRYSTAL HEALING, ETC)	<input type="text"/>	<input type="text"/>

WHAT OTHER PROGRAMS OF PERSONAL GROWTH/MEDITATION/SPIRITUALITY HAVE YOU ATTENDED?

WHY DO YOU WANT TO ATTEND THIS COURSE?

SIGNATURE:

DATE:

Affix
photo
here