

# Dhamma Server Application Form

Vipassana Meditation as taught by S.N.Goenka in the tradition of Sayagyi U Ba Khin

Anyone who has previously completed a course with S.N. Goenka or one of his assistant teachers.

To apply for a place on the course please complete this form (using Block Capitals for your name and address), return it to the address overleaf and await notification. Please answer all questions fully. The information you provide on this form will be treated confidentially. Some of the information will be processed on a computer. By completing and signing this form, you give your consent to the storage and use of this information by the Vipassana course organizers as described in the Privacy Policy, a copy of which may be obtained from the course registrar or at the course site upon arrival.

## Section 1 Which courses do you wish to apply for?

First choice:

Date	Location
------	----------

Second choice:

Date	Location
------	----------

First name		Surname	
Age	Date of birth DD MM YYYY	Gender	Nationality
Home Address			
Town		Country	Postal code
Home tel	Mobile tel	E-mail address	
Occupation	Native language	Other languages you understand well?	

## Section 2

Have you maintained your practice of Vipassana meditation since your last course? Please give details (how much time daily, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you practised any other meditation techniques (including other types of Vipassana), therapies or healing techniques since your last course with S.N. Goenka or his assistant teachers? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you teach or practise on others? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you come early to help with the set-up if needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please give details of your first and last full course sat and the number of full time courses completed.					
First course sat  Last course sat  Total number of full time courses	Date		Location		Teacher(s)
	Date		Location		Teacher(s)
	Served	10-day	Sati	20-day	30-day

### Section 3

Do you have any physical health problems or medical concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details.		
If you are pregnant, please tick here <input type="checkbox"/>		

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details (dates, symptoms, duration, hospitalisation, treatment, present condition). If necessary, continue on another sheet.		

Are you now taking, or have you taken within the past two years, any prescribed medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details (dates, types, dosage, present use).		

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as heroin, cocaine, ecstasy, amphetamines, marijuana or other intoxicants)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details (dates, types, amounts, present use).		

Will a friend, partner or family member be taking this course as well?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes If yes, please give the name(s) and relationship.		

I acknowledge that I have carefully read and understood the **Code of Conduct for Dhamma Workers** and I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course.

I realize that participation in a Vipassana meditation course is a serious undertaking and I confirm that I am in a reasonably good state of mental and physical health.

To the best of my knowledge, I have given true and complete answers to all the questions.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to: Vipassana-Meditationszentrum Tel. [0049] (0) 37434 / 79 770  
Dhamma Dvara Fax: [0049] (0) 37434 / 79 771  
Alte Str. 6, 08606 Triebel / Germany Email: registration@dvara.dhamma.org

If you are not attending the entire course, please give the date and time of your arrival and departure:

	Time	Date
Arrival		
Departure		

If you are driving to the course site and have no objection to being contacted by others seeking transport, please tick here: