



Quebec Vipassana Centre

810, Côte Azélie, Notre-Dame-de-Bonsecours, Montebello (Québec) J0V 1L0
514 481-3504 • Fax : Registration 514 879-3437 • www.suttama.dhamma.org

APPLICATION FORM

Date of course: _____ Location: _____

To apply for a place in the course, please complete this form, return it to the above address, and await acceptance. Please answer all questions fully. This information will be kept strictly confidential.

First (Given) Name	Last (Family) Name	Age: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Street Address/P.O. Box		Date of Birth: Yr _____ /Mo _____ /Day _____	☎ Home () _____ - _____
City		State/Province	Zip/Postal Code
Country		Occupation	
E-mail Address: (PLEASE PRINT)			

- 1- Native country: _____ Native language: _____
 How well do you understand: French: well a little not at all English: well a little not at all
 Other languages that you understand well: _____
- 2- Will a friend or family member be taking this course as well? No Yes If yes,
 Name(s) / Relationship: _____
3. Have you completed a 10-day course with S.N. Goenka or any of his assistant teachers? No (New Student) Yes (Old Student)

New Students:

- Have you had any previous experience with meditation techniques, therapies or healing practices? No Yes
 - If yes, please give details.
 - Do you teach or practice on others? No Yes If yes, please give details.
- How did you learn about Vipassana, or who introduced you to this course?

Old Students:

Date	Location	Teacher(s)
First Course _____	_____	_____
Most Recent Full Course Sat _____	_____	_____
Total Number of 10-Day Courses: Sat Full Time _____ Served Full Time _____		
Other Courses Sat (specify): _____		
Other Courses Served (specify): _____		

- Have you practiced 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? No Yes
 - If yes, please give details.
 - Do you teach or practice on others? No Yes If yes, please give details.
- Have you maintained your practice of Vipassana meditation since your last course? No Yes
 Please give details (how much time daily, etc.).
- Can you come early to help with set-up? Yes No Maybe
- Would you be willing to serve this course should the need arise? Yes No Maybe
- If you are not attending the entire course, please give your arrival date and hour: _____
 and departure date and hour: _____

New and Old Students:

Do you have any physical health problems, medical conditions or diseases? No Yes

If yes, please give details (dates, symptoms, duration, treatment, present condition).

For women applicants: Please indicate whether you are pregnant. No Yes If yes, how many months? _____

Do you have, or have you ever had, any mental health problems such as significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.? No Yes

If yes, please give details (dates, symptoms, duration, hospitalization, treatment, and present condition).

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? No Yes

If yes, please give details (dates, types, amounts, additions, treatment, and present use).

Are you now taking, or have you taken within the past two years, any prescribed medication? No Yes

If yes, please give details (dates, types, dosage, and present use).

Any other information you wish to add :

I acknowledge that I have carefully read and understood the Code of Discipline for the course (in the booklet *Vipassana Meditation, Introduction to the Technique and Code of Discipline for Meditation Courses*). 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 a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

In addition, I hereby consent to the storage and handling on a computer or otherwise of my above stated, personally identifiable, information in accordance with the Privacy Policy of the facility at which the course for which I am registering is being held. A copy will be provided on request to that facility.

Signature

Date