Pranic Healing Perth

pranichealingperth@gmail.com

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 Meat based ☐ Yes

Affix photo here

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		
ACHIEVING ONENESS with the HIGHER SOUL		

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

_____

WHY DO YOU WANT TO ATTEND THIS COURSE?

_____

SIGNATURE: _____ **DATE:** _____

☐ **I have read this form, understood its contents, and consent to the processing of my personal information by the Institute for Inner Studies (IIS) for record and evaluation purposes in determining my qualification for the Arhatic Yoga Preparatory Course.**

☐ **I am fully aware that by not providing my personal information in this form, IIS may not be able to process or evaluate my participation for the Arhatic Yoga Preparatory Course properly.**