



# Vipassana Meditation Course

## EXECUTIVE VIPASSANA COURSE APPLICATION

From: \_\_\_\_\_ To: \_\_\_\_\_

To apply for a place in the course, please complete this form, return it to the above address, 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 computer. You may also apply online at [www.executive.dhamma.org](http://www.executive.dhamma.org).

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

1. Check here if you are driving and willing to be contacted by other students seeking a ride to the course:
2. Will a friend or family member be taking this course as well? No  Yes  If yes, Name(s)/Relationship: \_\_\_\_\_
3. Native country: \_\_\_\_\_ Native language: \_\_\_\_\_  
Other languages that you understand well: \_\_\_\_\_
4. 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:**

1. Have you had any previous experience with meditation techniques, therapies or healing practices? No  Yes 
  - a. If yes, please give details.
  - b. Do you teach or practice on others? No  Yes  If yes, please give details.
2. 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): _____			

1. 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 
  - a. If yes, please give details.
  - b. Do you teach or practice on others? No  Yes  If yes, please give details.
2. Have you maintained your practice of Vipassana meditation since your last course? No  Yes  Please give details (how much time daily, etc.).
3. Check here if you can come early to help set-up if needed.
4. Check here if you would be willing to serve this course should the need arise.
5. If you are not attending the entire course, please give your arrival date and hour: \_\_\_\_\_  
and departure date and hour: \_\_\_\_\_

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**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).

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, 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, 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, present use).

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## New and Old Students:

The course for which you are applying is, at Mr. Goenka's request, targeted specifically at business executives and government officials. Therefore, in order to help us decide which applicants are most suited to the course, and to ensure a balanced representation from different types and sizes of business organizations, we have added the following employment related questions to this application form:

### Employment Related Questions:

1. Name of your firm or organization: \_\_\_\_\_
2. Your job or title within your firm: \_\_\_\_\_
3. What is your firm's major activity or product? \_\_\_\_\_
4. What is your predominant job/function/activity with your firm? \_\_\_\_\_
5. What is your firm's approximate gross annual revenue? \_\_\_\_\_
6. How many employees does your firm have overall? \_\_\_\_\_
7. How many employees of your firm (if any) report to you directly? \_\_\_\_\_ or indirectly? \_\_\_\_\_
8. Any other additional information regarding your company or job you feel may be relevant in considering your application for acceptance into this course. \_\_\_\_\_

I acknowledge that I have carefully read and understood 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.

By completing and signing this form, you give your consent to the storage and use of the information you have provided by the Vipassana Executive course organizers as described in the Privacy Policy applicable to the jurisdiction within which the course is being held. A copy of the Privacy Policy may be obtained from the Vipassana course registrar or at the course site upon your arrival.

Signature	Date
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