



The information provided here will be treated in strict confidence and will not be disclosed to third parties without your express prior consent or as otherwise required by law.

Please complete this form and provide together with the relevant course fee before or at your first lesson.

Name _____

Address _____

Email address _____

Age range [] 18-25 [] 26-35 [] 36-45 [] 46-60 [] 61+

Home Phone _____ Mobile Phone _____

1. Are you taking any medication or suffering from health problems (physical or mental) likely to interfere with your ability to meditate? Please list. Indicate in the check box if they are being treated.

2. Have you ever meditated before?

Yes – self taught

Yes – formal training (state which method)

No

3. If yes, for how long have you practised meditation on a regular basis?

4. How did you find out about the Centre?

Friend Newspaper ad Website Letterbox

Shop poster Other (state how) _____

I acknowledge and agree to the terms of the Disclaimer and Privacy Policy published below.

I agree to abide by the precepts of the Centre as published from time to time, including copyright of course materials, respect for the neighbours and the neighbourhood, and general conduct while at the Centre.

I consent to receiving communications from the Centre by email from time to time. (This consent can be withdrawn at any time by notifying the Centre.)

Signed _____

Date _____

ONCE YOU'VE FILLED THIS FORM OUT, PLEASE EMAIL IT TO THE ADDRESS ABOVE, OR DROP IT IN OUR LETTERBOX. THANK YOU.

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