



I am apply for.....

Pranic Meditation

Mantra Meditation

MEDITATION INSTRUCTION

Application Form

Name: _____ Age: _____

Street Address: _____ City: _____

Postal Code: _____ Phone(s): _____

Email: _____ Website: _____

Birth Date (D/M/Y): ____/____/____ Birth Time: _____

Birth Place: _____ Marital Status: _____

If required, may we have your permission to consult your Vedic Astrology (Jyotish) birth chart based on the above birth data you have supplied? This may be helpful in understanding any personal issues you may be encountering. Please Initial:

YES _____ NO _____

Education (High School, College, University): _____

Year(s): _____ Areas of Study: _____

Degree(s) Obtained: _____

Educational Interests: _____

Occupation: _____ Full/Part Time or Retired: _____

Skills/Hobbies/Interests: _____

Please briefly describe your present state of health?

What is your present state of mind? Good _____ Worried _____ Tense _____

Please describe:

Do you sleep well? YES _____ NO _____

Explore your nature at the core...

Jackie and Greg Van Acker | 302 Grosvenor Street, London ON | (519) 537-8262

www.atthecore.ca | information@atthecore.ca



AT THE CORE

Yoga, Meditation and Ayurveda

Have you ever had any prolonged physical condition, i.e. heart or respiratory trouble? YES ____ NO ____

If YES, please describe:

Have you ever been (or are you now) under the care of a psychiatrist or on any other psychotherapeutic program? YES _____ NO _____

IF YES, when?: _____ What type of program?: _____

Have you ever used any form of yoga, meditation, other spiritual practice, or program for self improvement?

Yes _____ No _____

	Name of teacher, organization and/or book(s)	For how long?	Describe experiences and results
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please share how you hope to benefit from the learning a daily Meditation practice?

Please be advised that this and all the programs offered by AT THE CORE are educational and are not intended as therapy or treatment. AT THE CORE and the instructors assume no responsibility for any adverse reaction - physical, psychological, emotional or behavioural - resulting from participation in any of its programs.

*I realize the importance of verification and understanding of the experiences in this meditation and therefore **will attend the necessary sessions during all three consecutive days of instruction.***

I agree that all instruction in meditation is for my own personal use, and agree to not to impart or disclose to anyone the method of this Meditation.

Signature: _____

Date: _____

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