



Vipassana Meditation

as taught by S.N. Goenka in the tradition of Sayagyi U Ba Khin

Long Course Application Form

Centre Name

Sit

Serve

For Official Purpose Only

Conf. No.

Acc. No.

Seat No.

Cell No.

Course Type

Course Date

Full Name

Gender

Age

Address

DOB

Phone: Home
Office
Mobile
E-mail

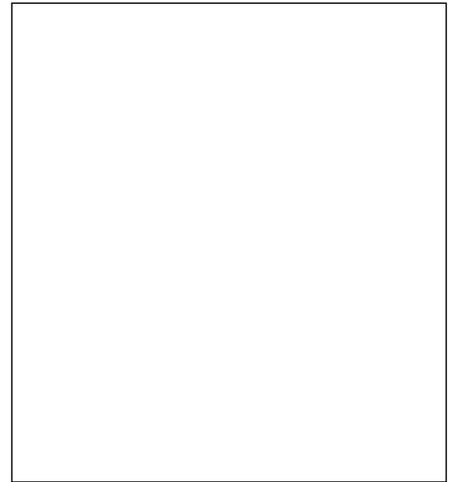
Education

Designation

Occupation

Company Name

Assistant Teachers Only: Year of Appointment



Passport Size Photo

Emergency Contact Info

Name

Relationship

Mobile No.

Practice Details

1. Are you committed fully and exclusively to the practice of Vipassana Meditation as taught by S. N. Goenka and his authorized assistant teachers

Yes

No

2. In the past two years have you been involved exclusively with Vipassana meditation as taught by S.N. Goenka and his authorized assistant teachers without going to any other spiritual/meditation teachers or trying other meditation techniques or so called energy based healing techniques e.g. Reiki, Qi Qong, Pranic healing?

Yes

No

3. Regular daily practice of Vipassana meditation is defined as two one-hour sittings (morning and evening) each day. For how many years have you been practicing Vipassana regularly (i.e., two one-hour sittings daily)?

Please give details

4. During the past year, have you maintained the Five Precepts without breaking them in any major way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. During the past year have you abstained from sexual misconduct	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. During the past year have you abstained from all alcohol, drugs and intoxicants, i.e., have you not used any of them at all?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you meet <u>all</u> the requirements for the course you are applying for? [If no, please explain.]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Course Details

	Location	Date	Conducting Teacher
First Course			
Most Recent Course			
Most Recent Long Course			

10-Day	STP	10-Day SPL	20-Day	30-Day	45-Day	60-Day	TSC	Dhamma Service

Other courses served

Only for students doing 30/45-day course for the first time: Have you sat a 10-day course after your last 20/30-day course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Relationship Details

1. Are you in a relationship or have you been in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it a life-long committed relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are in a life-long committed relationship: Spouse's Name	
Are your relations harmonious?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse in favor of you taking the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse a Vipassana meditator in this tradition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse practicing any other meditation technique besides Vipassana as taught by S.N. Goenka?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health and Medical Information

1. Do you now have or have you had in the past any mental difficulties? If yes, please give details with dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you now have, or have you had, any chronic health conditions, injuries, major illnesses, and/or recent surgeries? If yes please give details with dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you presently taking any medication (prescribed or otherwise, e.g. herbal, natural)? If yes, please give details and dosages.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Experiences during course

1. Have you ever been refused admission to a course or had to leave a course for any reason? Yes No
If yes, please give details.
2. Have you ever had difficulties during a course and been asked by the conducting teacher to stop/reduce meditating during the course for some time? If yes, please give details. Yes No
3. Have you had any personal tragedy in the past year, e.g. death of a near relative, etc? Yes No
If yes, please give details, including dates.
4. Any particular difficulties you tend to encounter during courses? Yes No

Additional Information

Any special requirements for this course? Please explain:

Language Proficiency:

How well do you understand the language(s) in which this course will be conducted?

Language	Proficiency	Other languages known
English		
Hindi		

Preferred language for instructions/discourse

When do you intend to arrive at the center?

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 applying is being held. A copy will be provided on request.

Signature

Date

For Official Purpose Only

	Name	Status	Comments
Recommending AT			
Area Teacher			