International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN AND MOTHER SAYAMAGYI

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COURSE FORM (Please complete in BLOCK CAPITALS)

I apply to attend the Meditation Course starting ____ until ____ How many days ____

Surname ____ First Name ____

Date of birth ____ Occupation ____

Male ☐ Female ☐ Nationality ____

Do you understand English well? Yes ☐ No ☐ If no, which language? ____

Address ____ Mobile ____

____ Phone ____

____ Email ____

Please give details of someone to contact in case of emergency

Name ____ Phone/Mob ____

Address ____

1: Have you attended a course in the Tradition of Sayagyi U Ba Khin & Mother Sayamgyi before? Yes ☐ No ☐
If yes, please say when and where was your most recent course

____

2: Are you practising any other techniques of meditation? Yes ☐ No ☐
If yes,for how long have you been practising them

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3: Are you in good physical and mental health? Yes ☐ No ☐
If no please give details

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4: Are you, or will you be, on any medical treatment at the time of the meditation course? Yes ☐ No ☐
If yes, please give details of medication

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5: Do you suffer from any medically confirmed food allergies? Yes ☐ **No** ☐
If yes please give details. *Please note that only medically confirmed allergies will be recorded*

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6: How did you come to know about this centre and meditation course? Could you please name the magazine, website, friend etc where you learned of the International Meditation Centre

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I consent to the handling of my information for the purpose of conducting and managing the Centre courses in accordance with our Privacy Policy. Yes ☐

I have read the Practice section and the Guidelines section of the Meditation Centre's website. Yes ☐

All information will be kept strictly confidential.
The current UK Newsletter is available on the website