



Vipassana Association of South Africa Trust

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

Children's or Teenagers' Course

Application Form for Servers

Dates of Course: From: _____ To: _____

Please complete this form, return it to the above address, and await confirmation. Please answer all questions fully.

All information will be kept strictly confidential.

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

Please give details of your courses with S.N. Goenka or any of his assistant teachers?		
	Date	Location
Teacher(s)		
First Course:	_____	_____
Most Recent Full Course (Sat):	_____	_____
Total Number of 10-day courses:	Sat Full Time _____	Served Full Time _____
Others Sat:	_____	Others Served: _____
Number of Children's Courses Served: _____	Please give details of the most recent one below:	
Date _____	Location _____	Teacher _____ Your Role _____

Have you practiced any other meditation techniques (including other Vipassana techniques) or therapeutic or healing techniques since your last course with S.N. Goenka or one of his assistant teachers? Yes No

If yes, please give details:

b. Do you teach or practice on others? Yes No If yes, please give details:

2. Have you maintained your practice of Vipassana meditation since your last course?

3. Have you maintained the five precepts since your last course? Yes No If no, please explain:

Details of any experience you may have had with children/teenagers:

Dhamma Pataka Meditation Centre

PO Box 1771 • Worcester • 6849 • Western Cape • South Africa

Phone: +27 (0) 23 347 5446 • Fax: +27 (0) 23 347 5411 • Email: info@pataka.dhamma.org

International website www.dhamma.org • South African website: www.pataka.dhamma.org

A non-profit organization registered in South Africa No: 028/04

Check here if you are driving to the course and willing to be contacted by others seeking a ride:

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 last two years, any prescribed medication?

No Yes If yes, please give details (dates, types, dosage, present use).

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, treatment, present use).

I acknowledge that I have carefully read and understood the “*Code of Conduct for Dhamma Workers*”, and I agree to abide by all the rules and regulations while I am at the Center.

I hereby certify that the above information is true to the best of my knowledge.

Signature

Date