



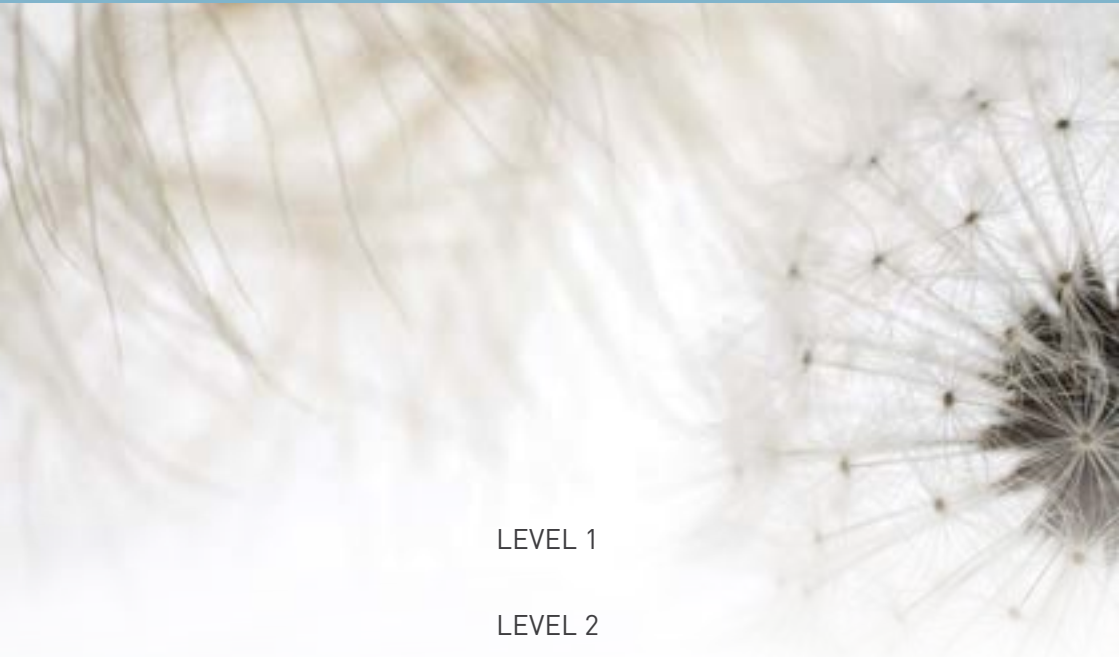
MEDITATION MASTERY COURSE

APPLICATION FORM

LEVEL 1

LEVEL 2

LEVEL 3



YOUR DETAILS

Name

Address

Post code

Email

Date of birth

Tel (home)

Occupation

Mobile

Tel (work)

Next of kin

Are you a Dru Yoga graduate? If so, when did you graduate and where?

MEDITATION AND YOU

How long have you practised meditation (in months or years)?

Where have you learned to meditate, and what kinds of meditation practices?

Why do you want to teach meditation?

Do you suffer from any of the following (tick as appropriate):

High/low blood pressure

Epilepsy

Fatigue

Injury

Back /neck problems

Asthma

Diabetes

Cancer

Eye-sight problems

Hearing difficulty

Physical disability

Arthritis/joint problems

Emotional health problems

If you ticked any of the above boxes, please give details below:

ABOUT YOUR HEALTH

Should your health change over the duration of the course please inform us at the earliest opportunity.

Have you seen a counsellor, psychiatrist or other mental health professional in the last 5 years? Please give details. (This information is important to help us guide you towards the most appropriate meditation practices.)

Are you taking any medication? Please give details.

ABOUT YOU

Finally, please write a few paragraphs about yourself. Please cover the following areas:

- ⚙ What led you to apply to take the Dru Meditation Mastery Course?
- ⚙ Please tell us about any other interests and skills you have.
- ⚙ What do you hope to achieve by the end of the course?
- ⚙ How do you intend to use the course and qualification?

Please email this form to hello@druworldwide.com