



# MEDITATION

## Teacher Training Course 2018

## Application form

Name ..... Date of Birth.....  
Address .....  
..... Postcode .....  
Home phone..... Work phone .....  
Mobile..... Email .....  
Occupation .....

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

### 1: Meditation and you

How would you define 'Meditation'?

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

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

How often do you meditate? For how long?

What kind of experiences do you have when you meditate?

Why do you want to meditate?

Why do you want to teach meditation?

Do you have any teaching experience, particularly in the field of personal/spiritual development, human resources or therapeutics? (e.g. Yoga, Tai Chi, any kinds of group work, therapies, etc.) If you teach regularly, how many groups/people do you teach per week?

Do you attend a regular yoga or meditation class? If **YES**, Who is your teacher?

Are you a complementary therapist? If **YES**, What do you practice?

## 2: About Your Health

*We ask you the following questions to help us ensure the course meets your needs in the best possible way.*

Do any of the following apply to you? (please tick as appropriate)

<ul style="list-style-type: none"> <li><input type="checkbox"/> Allergies – specify below</li> <li><input type="checkbox"/> Asthma or breathing problems</li> <li><input type="checkbox"/> Heart problems- specify</li> <li><input type="checkbox"/> Blood pressure:   <input type="checkbox"/> High <input type="checkbox"/> Low</li> <li><input type="checkbox"/> Circulation problems</li> <li><input type="checkbox"/> Anaemia</li> <li><input type="checkbox"/> Chronic fatigue /ME</li> <li><input type="checkbox"/> Digestive problems</li> <li><input type="checkbox"/> Headaches/Migraine</li> <li><input type="checkbox"/> Arthritis /Joint problems – specify below</li> <li><input type="checkbox"/> Back / Neck problems – specify below</li> <li><input type="checkbox"/> RSI / overuse</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Weight problems</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Ear problems</li> <li><input type="checkbox"/> Eye problems</li> <li><input type="checkbox"/> Menstrual problems</li> <li><input type="checkbox"/> Menopause</li> <li><input type="checkbox"/> Pregnancy current - Due date .....</li> <li><input type="checkbox"/> Pregnancy recent - Delivery date .....</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> PTSD</li> <li><input type="checkbox"/> Emotional / Mental health issues – specify</li> <li><input type="checkbox"/> Recent surgery – specify below</li> <li><input type="checkbox"/> On medication? - specify below</li> <li><input type="checkbox"/> Hospitalised in last 2 years</li> <li><input type="checkbox"/> Other injuries or illnesses - specify below</li> </ul>
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If you ticked any of the above boxes, please give details below:

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.)*

Should your health change over the 3 years of the course please inform us at the earliest opportunity.

### 3: References to support your application

*(You may submit your references at a later date. Current students of the Dru Yoga teacher training course do not need to submit references)*

1. From your (Dru) Yoga teacher or any other group leader if you are not in a yoga class.
2. From someone who knows you well – a personal reference.

Have you participated in any other Dru events, courses or conferences? (Please specify title and year, and include courses you may be currently booked on.)

### 4: About you

Finally, please use the following page to write about yourself. (Use the back if you need more space.)

Please cover the following areas:

- What led you to apply to take the Dru Meditation Teacher Training course?
- Please tell us about any other interests and skills you have.
- What are your expectations of the course?
- What do you hope to achieve by the end of the course?
- How do you intend to use the course and qualification?
- Through what activities do you find a sense of self expression?

Your Signature ..... Date.....

Thank you for your application and for completing this form.

Please either email your application and reference to [course@dru.com.au](mailto:course@dru.com.au) or post to:

Dru Meditation Teacher Training  
PO Box 448  
Mawson ACT 2607.

If you have any queries please email [courses@dru.com.au](mailto:courses@dru.com.au) or phone the Dru office on 02 6161 1462.

## About Myself

Name.....