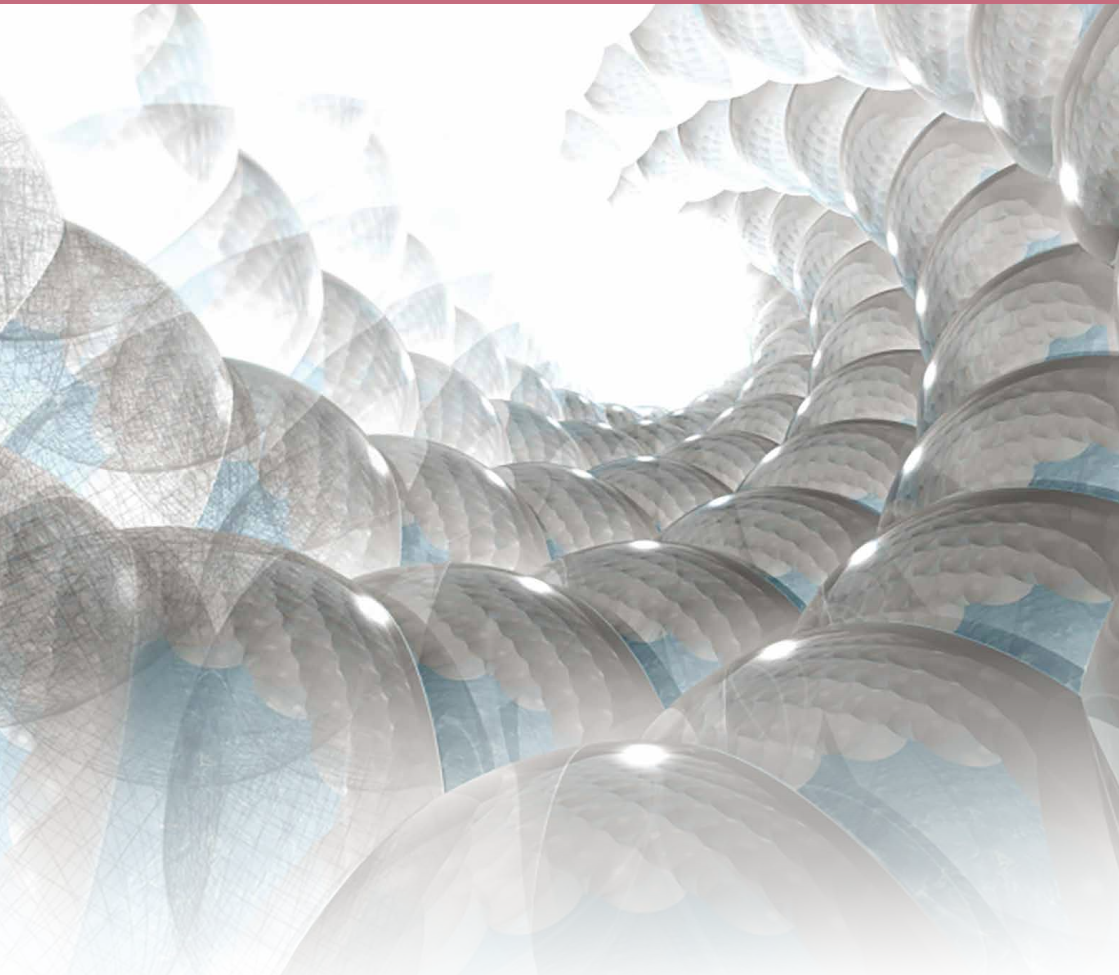




SOUND & MANTRA COURSE

APPLICATION FORM



YOUR DETAILS

Name

Address

.....

..... Post code

Email

Date of birth Tel (home)

Occupation Mobile

Tel (work) Next of kin

What is your musical experience—do you play an instrument? Are you part of a choir?
Do you sing by yourself?

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Do you attend a regular chanting class (or have you in the past)—perhaps as part of
your yoga or meditation class? If so, what kind of songs or chants do you work with?
Who is your singing or chanting teacher?

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Are you a yoga/meditation teacher? Do you use sound in your classes, if so how?

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.....

Are you a complementary therapist? If yes, what therapy are you qualified in and how
long have you been qualified? Are you currently practising?

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ABOUT YOUR HEALTH

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

Any other—please space below:

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(During the course, please inform us of health changes (including pregnancy)

If you are you currently taking medication, what are you taking and what is for?

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Have you seen a counsellor, psychiatrist or other mental health worker in the last 5
years? If YES, please give details

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GENERAL QUESTIONS

Have you participated in any other Dru events, courses, conferences?

(Please specify title and year, do include courses you may be currently booked on)

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