

# NAN TIEN TEMPLE COURSE APPLICATION FORM

Given Name	Surname	Gender <input type="checkbox"/> F <input type="checkbox"/> M	D.O.B.  D      M      Y
Address  <div style="text-align: center;">□ □ □ □</div>		Ph: <hr/>	
Academic Achievement:		Mob: <hr/>	
Occupation:		Email: <hr/>	
Classes: Term _____ Year _____		Fax: <hr/>	
<input type="checkbox"/> Meditation and Buddhism Class (Beginners) <input type="checkbox"/> Tai-Chi ( <i>Introduction to Tai Chi</i> ) <input type="checkbox"/> Meditation (Intermediate) <input type="checkbox"/> Tai-Chi ( <i>Continuation and Refinement</i> ) <input type="checkbox"/> Chinese Class <input type="checkbox"/> Self Development & Cultivation (English) <input type="checkbox"/> Self Development & Cultivation (Chinese)			
Please tick: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Cheque or Money Order <input type="checkbox"/> Cash <div style="text-align: right; margin-right: 50px;">Payable to 'IBAA'</div> Card No: _____ Expiry Date _____ Name on Card _____ ( <i>please print clearly</i> ) Amount _____ Signature of Cardholder _____			
<b>Office use only</b>	<b>Fee Paid</b> <input type="checkbox"/> Yes, Amount: \$ _____ <input type="checkbox"/> No	Handled by: _____ Date:        /        /	

\* Please see back page, thank you.

<p><b>Please answer the following questions.</b></p> <p><b>All information will be kept strictly confidential. Thank you for your co-operation.</b></p>
<p><b>Are you a new student? If yes please respond to each question.</b></p> <p><b>Please give details if you answer "Yes" to the following questions; (type, frequency, amount etc.)</b></p>
1: Do you have or ever had any physical health problems; e.g. <i>Diabetes, heart disease, epilepsy etc.</i> ? <div style="text-align: right;">YES / NO</div>
2: Do you have or ever had any mental health problems; e.g. <i>significant depression, anxiety, panic attacks, schizophrenia etc.</i> ? <div style="text-align: right;">YES / NO</div>
3: Are you now taking, or have you taken any drugs in the past two years; e.g. <i>Barbiturates, cocaine, amphetamines, alcohol, marijuana or other intoxicants</i> ? <div style="text-align: right;">YES / NO</div>
<ul style="list-style-type: none"> <li>* Pregnant women are advised to consult their Doctor before joining Tai Chi. We cannot accept any responsibility as complications may arise.</li> <li>* Payment in full, plus application form is required a week before courses commence.</li> <li>* NO REFUND or TRANSFER after commencement of course.</li> </ul>
<ul style="list-style-type: none"> <li>✓ I hereby certify that the above information is true to the best of my knowledge, and I will notify Nan Tien Temple of any changes.</li> <li>✓ I agree to abide by all the Temple's rules and regulations for the duration of the course.</li> </ul>
<p><b>Dressing Code</b></p> <p><b>Please wear appropriate attire and be suitably covered i.e. no shorts, singlets or thongs.</b></p>
<p><b>SIGNATURE:</b> _____</p> <p style="text-align: right;"><b>DATE:</b>        /        /</p>