

NAN TIEN TEMPLE COURSE APPLICATION FORM

the classes date; failure to forward payment might result in the loss of the booking. Refunds will incur a \$10 administration fee. If a cancellation is made less than 7 days prior to the retreat, the full amount is non-refundable. Participants are only allowed one postponement (change of Retreat date) free of charge. No subsequent postponement will be accepted. Privacy Policy The information being sought in this form is collected for the purposes of processing your application. The information may be accessed and used by people employed or engaged by the Temple or its interrelated organisations in accordance with the Nan Tien Temple Privacy Policy. Please visit http://www.nantien.org.au/app/application/view/policy.php for more information. Media Policy Agreement By ticking 'I agree', this indicates that you give us consent to use your photographs, images, video, or audio recordings of the classes and activities during the event for temple records, website and future publications I agree	Classes:	Term:	Year:	Please tick below	
Meditation (Intermediate) Self Development & Cultivation Date:	□Meditat	ion (Introduction)	☐Tai-Chi (Intro	oduction to Tai Chi)	☐ Basic Buddhism Class
First Name:	□Meditat	ion (Beginners)	□Tai-Chi (Con	tinuation and Refinement)	☐ Mindful Art: Doodling Class
Address:	□Meditat	ion (Intermediate)	☐Self Develop	ment & Cultivation Date :_	
State: Postcode: Gender F M Occupation: Tel/Mobile: Email: Are you a new student? If yes please respond to each question. Please give details if you answer "Yes" to the following questions; (type, frequency, amount etc.). All information will be kept strictly confidential. Thank you for your co-operation. 1: Do you have or ever had any physical health problems; e.g. Diabetes, heart disease, epilepsy etc.?	First Name	:	Su	ırname:	DOB://
Tel/Mobile:	Address:		·	S	uburb:
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2: Do you have or ever had any mental health problems; e.g. significant depression, anxiety, panic attacks, schizophrenia etc? YES /	following question for your co-	uestions; (type, freq operation.	uency, amount e	tc.). All information will be k	ept strictly confidential. Thank you
schizophrenia etc? YES / NO 3: Are you now taking, or have you taken any drugs in the past two years; e.g. Barbiturates, cocaine, amphetamines, alcohol, marijuana or other intoxicants? YES / NO	•				
3: Are you now taking, or have you taken any drugs in the past two years; e.g. Barbiturates, cocaine, amphetamines, alcohol, marijuana or other intoxicants? YES /	•	•	nental health prob	olems; e.g. <i>significant depressi</i>	on, anxiety, panic attacks,
alcohol, marijuana or other intoxicants? YES / NO	•				
* Pregnant women are advised to consult their Doctor before joining Tai Chi. We cannot accept any responsibility as complications may arise. Payment and Refund Policy Full Payment must be received within 14 days of lodging the application form and no later than one week prior to the classes date; failure to forward payment might result in the loss of the booking. Refunds will incur a \$10 administration fee. If a cancellation is made less than 7 days prior to the retreat, the full amount is non-refundable. Participants are only allowed one postponement (change of Retreat date) free of charge. No subsequent postponement will be accepted. Privacy Policy The information being sought in this form is collected for the purposes of processing your application. The information may be accessed and used by people employed or engaged by the Temple or its interrelated organisations in accordance with the Nan Tien Temple Privacy Policy. Please visit http://www.nantien.org.au/app/application/view/policy.php for more information. Media Policy Agreement By ticking 'I agree', this indicates that you give us consent to use your photographs, images, video, or audio recordings of the classes and activities during the event for temple records, website and future publications I agree 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. I agree to abide by all the Temple's rules and regulations for the duration of the course. Signature:	•	- ·		gs in the past two years; e.g. Bo	arbiturates, cocaine, amphetamines,
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Signature:	of any ch	nanges.		·	
Payment Options: Credit Card By Phone or fill in details below (Master or Visa card only) Card No: Expiry Date Oplease print clearly) Card No: Office Use Only	וי ומקובב ננ	s asiac by all the reli	•		
Credit Card By Phone or fill in details below (Master or Visa card only) Card No: Expiry Date Office Use Only Cheque or Money Order (Payable to 'IBAA Incorporated') Cash Cash Cheque or Money Order (Payable to 'IBAA Incorporated') Expiry Date Signature Office Use Only	Payment O	Intions:	Signature.		Date
Card No: Expiry Date Name on Card Amount Signature (please print clearly) Office Use Only		rd By Phone or fill in de		Cheque or Money Order (Payab	ele to 'IBAA Incorporated') Cash
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