

JAI GURU DEVA VEDIC MEDITATION INITIATOR TRAINING

This application form to become a trainee of Thom Knoles as an Initiator of Vedic Meditation must be completed before final acceptance on the course can be confirmed.

Please note that, if accepted as a trainee, completing this course does not guarantee that you will graduate with the qualifications to initiate people into Vedic Meditation.

This form requests some personal information. After completing his course of training, Thom Knoles reserves the right to decide, at his sole discretion, which of his trainees receives qualification to teach.

Thom Knoles has phrased specifically the questions in order to understand your needs and to determine to what extent Vedic Meditation Initiator Training is the suitable step for you at this stage of your personal development.

The responses you provide will be treated strictly as private and confidential. The forthrightness, sincerity and candour expressed in your answers will assist Thom greatly.

If you have a reason not to respond to a particular question, then you may apply in writing to speak personally to Thom Knoles. However, Thom has said, "It will be good to answer each question in a simple, innocent and natural way."

Deadline for receipt of application and deposit is 15 January 2009. Any questions regarding this form or Initiator Training should be directed to Limor Babai at info@doublebaymeditation.com.au or + 61 430 249 999

I have read and I understand the conditions outlined above and agree to be bound by them.

I am applying to participate in the course of Initiator Training for my own personal development, and I understand and agree that I will qualify as an Initiator (teacher) of Vedic Meditation only at the sole discretion of Thom Knoles.

If accepted to participate in the course then I agree to be bound by the rules of the course.

I understand and agree to the refund policy.*

Date _____ **Signed** _____

* If for any reason you must withdraw your application, your deposit will be returned minus USD350. If, once you are accepted into Initiator Training, you find you must withdraw, your deposit will be returned minus USD1,000. If you are *not* accepted into Initiator Training, your deposit will be refunded in full.

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Please print this form, then complete in your own (legible) handwriting. (Use additional pages if absolutely necessary.) Date and initial each page in the top right hand corner. When complete, fax all pages of the form, including the signed cover page, to Thom Knoles in Flagstaff, Arizona, USA: +1 928 527 3114. When your completed form is received *and* your course deposit is verified, Thom will email you personally to acknowledge their receipt. Thom will email you again if he has questions, and to inform you of your acceptance status.

NAME		EMAIL	
ADDRESS		HOME PHONE	
CITY		MOBILE PHONE	
STATE		AGE	DATE OF BIRTH
ZIP/POSTAL CODE		COUNTRY	
CONTACT PERSON IN CASE OF EMERGENCY:		RELATIONSHIP (of contact person to you):	
		PHONE:	

1. Briefly explain how you came to learn Vedic Meditation (for example, who introduced you, or other significant influences):

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2. Please describe your regularity in twice daily Vedic Meditation:

3. Please describe briefly your current personal experience when you close your eyes and practise Vedic Meditation:

4. Please describe briefly the personal benefits of Vedic Meditation that you have experienced resulting from your practice.

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5. Please describe the extent of your attendance at Knowledge Meetings:

6. Who was your Initiator in Vedic Meditation?

Date of Initiation:

7. Which technique are you practising currently?

- First Initiation only
- Second Initiation [a.k.a. 1st Advanced Technique]
- Third Initiation [a.k.a. 2nd Advanced Technique]
- Other

8. Please name the Initiator of Vedic Meditation who knows you best:

9. Do you maintain an active interest in, or have an allegiance to other Masters, Gurus, or spiritual teachers outside the Vedic Meditation context?

- Name of program or teacher: _____
- Please describe the extent of your involvement:

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13. Are you currently undertaking the course; Mastering the Siddhis, Parts One to Six?

If yes, how many parts have you completed?

If you have not commenced Mastering the Siddhis, do you intend to begin before February 1st, 2009?

14. Briefly, please describe why you wish to become qualified as an Initiator of Vedic Meditation, and what is your vision for your future as an Initiator?

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15. Do you use alcohol or drugs? If so, describe:

16. What is your point of view regarding the use of recreational drugs by others?

17. Have you ever been (or are you now) under the care of a psychiatrist, psychologist, or other mental health care worker? If yes, please describe the condition you were experiencing.

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18. Have you ever been diagnosed with a psychiatric illness (for example: depression, schizophrenia, OCD, bi-polar disorder, borderline, alcoholism, etc.)? If so, are you using medication for same? What medication?

19. Are you using prescription medication of any kind? If so, please describe what you are using and the medical reasons for same:

20. Do you use tobacco?

(Tobacco use is not compatible with the Initiator Training program, and it would be good to be free of that before commencement in Rishikesh, India.)

21. What extent of difficulty did you experience in meeting your course fee for Initiator Training?

- Very difficult
- Some difficulty
- It was easy

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22. What is your marital/family status?

- If you have children, what are their ages?

- To what extent will your family experience difficulty during your time in India and during your 12-week absence on Initiator Training in Arizona?

23. What view do your close family members have about Vedic Meditation, your practice of it and your involvement with the community of meditators; for example, to what extent are they supportive of your plan to become an Initiator?

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24. Education:

- Did you graduate from high school? (if not, how many years of schooling did you complete?)

- How many years of tertiary education (university level) have you completed?

- What degrees do you hold (if any) and in what specific subjects?

25. What do you do for a living? In addition to your primary occupation, do you have other sources of income? If so, please describe: