

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;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		Ph: _____	Mob: _____
Academic Achievement:		Email: _____	
Occupation:		Fax: _____	
Classes: Term _____ Year _____			
<input type="checkbox"/> Meditation (<i>Introduction</i>) <input type="checkbox"/> Tai-Chi (<i>Introduction to Tai Chi</i>) <input type="checkbox"/> Basic Buddhism Class <input type="checkbox"/> Meditation (<i>Beginners</i>) <input type="checkbox"/> Tai-Chi (<i>Continuation and Refinement</i>) <input type="checkbox"/> Meditation (<i>Intermediate</i>) <input type="checkbox"/> Self Development & Cultivation			
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 _____	
Office use only	Fee Paid <input type="checkbox"/> Yes, Amount: \$ _____ <input type="checkbox"/> No	Handled by: _____ Date: / /	

* Please see back page, thank you.

Please answer the following questions. All information will be kept strictly confidential. Thank you for your co-operation.
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.)
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>
4 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 <div style="text-align: right;"><input type="checkbox"/> (I agree)</div>
<ul style="list-style-type: none"> * Pregnant women are advised to consult their Doctor before joining Tai Chi. We cannot accept any responsibility as complications may arise. * Payment in full, plus application form is required a week before courses commence. * NO REFUND or TRANSFER after commencement of course.
<ul style="list-style-type: none"> ✓ 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.
Dressing Code: Please wear appropriate attire and be suitably covered i.e. no shorts, singlets or thongs.
SIGNATURE: _____ DATE: / /