

MEDITATION TEACHER TRAININGS 2025 with Drs Ian and Ruth Gawler

APPLICATION FORM

Today's date.....

We appreciate you taking the time to complete and return this form. Your answers will help us to determine if the program suits your needs, and assist us to ensure you gain the most benefit from your retreat. **Please print clearly**

Surname First name Name-tag name

Date of Birth Mobile number

Address

Email

1. For which retreat(s) are you applying? You may use this form to apply for more than one:

Meditation Teacher Training – Meditation: MTT-1 12 – 16 May 2025 YES NO

Meditation Teacher Training – Imagery: MTT-3 1 – 5 November 2025 YES NO

2. Accommodation type preferred – please tick:

Single with ensuite Twin share Multi-share (Dorm) Single with shared facilities

3. Meditation History

i) What year did you begin meditating?

ii) How were you first introduced to meditation?

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iii) How would describe your current style of meditation practice?

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iv) Over the last month or two, on average, how much meditation practice have you done?

a) Number of days per week b) Number of sessions per day c) Number of mins/day

v) Have you attended any previous meditation retreats with Ian and Ruth Gawler? YES NO.....
If YES, which retreats, where and when?

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4. Please tell us about your motivation/reasons for attending this retreat:

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5. Do you have any health, dietary, medical conditions or mental/emotional conditions we need to be aware of?
YES NO If YES, Please specify:

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6. Do you have any significant allergies? YES NO If YES, please specify:

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7. Person for us to contact in case of an emergency:

Surname First name Relationship

Address

Phone number

8. How did you hear about this Retreat?



9. Transport/Intended method of travel to our program: Are you flying from interstate? Yes..... No

Will you require transport from the CBD of Melbourne on the first day of the retreat and/or return to Tullamarine Airport/Melbourne CBD on the final day? (extra cost). **Please tick your preferred options:**

Pick up in Melbourne CBD (Federation Square): Yes ... No ... Unsure ...

Return to Melbourne CBD (Federation Square): Yes ... No ... Unsure ...

Return to Tullamarine Airport: Yes ... No ... Unsure ...

With any questions relating to this Application, email our **Program Manager - Mel Crow**

Please complete and return this form to our Program Manager, Mel Crow: mel@insighthealth.com.au