

MEDITATION RETREAT 2026 with Drs Ian and Ruth Gawler

APPLICATION FORM If applying as a couple, please complete separate forms **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. Please confirm you are applying for Meditation in the Forest 7 - 13 June 2026 **YES**

2. Accommodation type preferred – please tick:

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

3. Work status - please tick:

(i) Student (ii) Unemployed (iii) Retired (iv) Part-time employed (v) Full-time work

If employed, what kind of work?

Health Practitioners, are you using this retreat for professional development? **YES** **NO**

If YES, with what association?

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

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5. Meditation History

i) What year did you begin meditating?

ii) How were you first introduced to meditation?

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iii) How would you 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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6. How did you learn of this retreat? (You may tick more than one item)

a) **Via Ian Gawler's** i) Website ii) Blog iii) Facebook iv) LinkedIn v) Email

b) **Via Melissa Borich's** i) Website ii) Social media iii) Email

c) **Word of Mouth/ Direct referral** If yes – from whom? (please tick below)

Relative Work Colleague Friend Health Professional

Other person? If other, please specify

d) **Other** If other source, please specify

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

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

Surname First name Relationship

Address

Phone number

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

Are you likely to 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). We will follow this up...

Please tick your likely 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