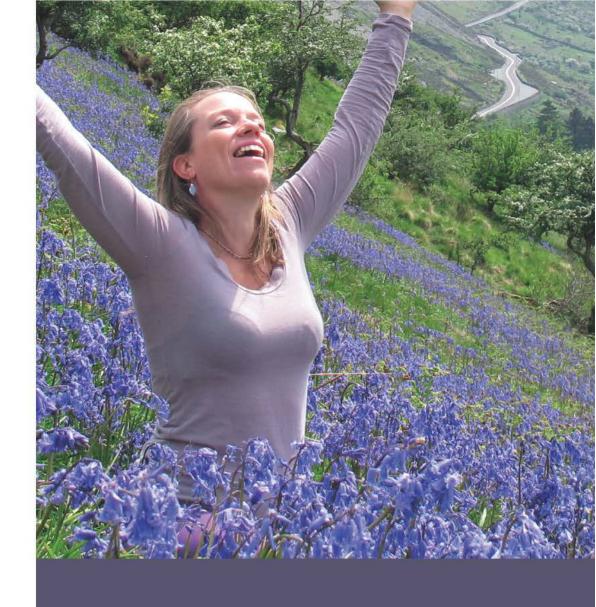
## ABOUT YOU

Finally, please write about yourself below, and on a separate sheet of paper if necessary, and include the following:

- What led you to apply for the Yoga of Sound course?
- Please tell us about any other interests and skills you have.
- What are your expectations of the course?
- What do you hope to achieve by the end of the course?



YOGA OF SOUND COURSE

APPLICATION FORM

## YOUR DETAILS

Name				
Address				
	Post code			
Email				
Date of birth	Tel (home)			
Occupation	Mobile			
Tel (work)	Next of kin			
What is your musical experience—do you play an instrument? Are you part of a choir?  Do you sing by yourself?				
Do you attend a regular chanting class (or have you in the past)—perhaps as part of your yoga or meditation class? If so, what kind of songs or chants do you work with? Who is your singing or chanting teacher?				
Are you a yoga/meditation teacher? Do you use sound in your classes, if so how?				

## **ABOUT YOUR HEALTH**

Do you suffer from any of the following (tick as appropriate):					
☐ High/low blood pressure	☐ Epilepsy	☐ Fatigue	☐ Injury		
☐ Back /neck problems	☐ Asthma	☐ Diabetes	☐ Cancer		
Eye-sight problems	☐ Hearing diffic	culty Phy	ysical disability		
☐ Arthritis/joint problems	☐ Emotional he	alth problems			
Any other—please space below:					
(During the course, please inform us of health changes (including pregnancy)					
If you are you currently taking medication, what are you taking and what is for?					
Have you seen a counsellor, psychiatrist or other mental health worker in the last 5 years? If YES, please give details					
GENERAL QUESTIONS					
Have you participated in any other Dru events, courses, conferences? (Please specify title and year, do include courses you may be currently booked on)					
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