

**\*\*\*\*\* IMPORTANT! \*\*\*\*\***

**If you intend to apply for the full one year training, please complete the enclosed application form and return to Jacqui Aplin, Administrator, Karuna Institute, Natsworthy Manor, Widecombe-in-the-Moor, Nr Newton Abbot, Devon, TQ13 7TR**

**Karuna Institute,  
Natsworthy Manor, Widecombe-in-the-Moor, Devon, TQ13 7TR**

**Tel/Fax (01647) 221457 e-mail: [office@karuna-institute.co.uk](mailto:office@karuna-institute.co.uk)**

**KARUNA INSTITUTE  
Application Form for One Year Kum Nye Training**

Name : .....

Address : .....

.....

Home Telephone : ..... Work Telephone: .....

Mobile Telephone: ..... e-mail address : .....

**Please print or Type  
If any answers need more space please attach as necessary.**

Occupation : .....

Age : ..... Date of Birth: .....

Gender (circle) : M / F

Family/Relationships (married/partnered, children)

.....

.....

Reason for applying for this training : .....

.....

.....

Please detail how you intend to utilize this training in the future : .....

.....

.....

Please detail previous Kum Nye experience : .....

.....

.....

Please detail previous and current meditation experience: .....

.....  
.....  
.....  
.....

Please detail previous and current clinical experience: .....

.....  
.....  
.....  
.....

**Mental Health:** Please give details of any past or present mental health conditions you have had, and particularly ones involving psychiatric support.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Physical/Mental Health:** Please give details of any physical disabilities; medical condition; or specific learning difficulty (such as dyslexia) that you may have:

.....  
.....  
.....  
.....

**Criminal Convictions:** Please give details of any criminal convictions you have.

.....  
.....  
.....

**Sex Offenders' Register:** Are you on any List or Register of Sex Offenders? If so please give details:

.....  
.....  
.....  
.....

Any other relevant information: .....

.....  
.....  
.....  
.....

I understand the **fee for the course is £..... Deposit - £.....**  
*Please complete*

I enclose the non-refundable deposit payment of **£.....** payable to **“Karuna Teachings Limited”** and understand that Karuna Institute booking conditions, printed overleaf, apply.  
*Please complete*

Signed .....

Dated .....

**PLEASE COMPLETE IN BLOCK CAPITALS AND SEND THE COMPLETED FORM TO :-**

**Jacqui Aplin, Administrator, Karuna Institute, Natsworthy Manor, Widecombe, Devon, TQ13 7TR**

**Karuna Institute  
Booking Conditions for  
Training Courses and Seminars**

1. Bookings for courses or seminars should be made in writing using the booking form available.
2. Places are only booked following receipt of the required deposit paid in £(sterling) and/or the administration fee as published.
3. All deposits and administration fees are non-refundable in all circumstances.
4. If the course is cancelled by the Karuna Institute for whatever reason our liability shall be limited to the refund of deposits to those booked on to the course or seminar concerned and no liability shall be held to any other party or for any other costs incurred by the student.
5. All cancellations must be in writing.
6. In confirming acceptance of the place offered on any course or seminar, the student is thereby undertaking responsibility for the payment of the course fees in full and for making payments on the specified due date(s).
7. In the event of cancellation of a place after an acknowledgement has been sent to the student, fees become due as follows :-  

within 2 months (8 weeks) of the course start date : **Full Fees**  
within 2-3 months (12 weeks) of the course start date : **50% of fees due**  
Beyond 3 months : **no further payment is due**
8. All payments to Karuna Institute for fees and all refunds to be made in £(sterling).
9. Karuna Institute reserve the right to alter dates, staffing or venues due to unforeseen or exceptional circumstances and there will be no liability to any party for costs.