



Nalanda Institute
for CONTEMPLATIVE SCIENCE

Contemplative Therapy &
Mindfulness Training Application
& Registration Form
Year 1: Mindfulness Year

2019 In-class Dates:

Oct 4-6, 2019,
April 3-5, 2020
May 30, 2020

Online Monthly Meetings/Classes

Nov 8, 2019
Dec 6, 2019
Jan 10, 2020
Feb 7, 2020
March 6, 2020

CONTACT INFORMATION

Hybrid In-Class/DistanceCertificate Program Distance Only Program

First & Last Name:	
Prefers to be referred as:	
Address:	Date of Birth:
Phone # :	
Email:	
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other:	

**PROFESSIONAL
QUALIFICATIONS**

Degree(s), Dates Obtained, University/Institute
***Please submit official transcripts where applicable.**

Degree	Date	University/Institute
Licensed as:	Year of Licensure:	
Current Employment:		
Past Employment:		
Areas of Specialization/Advanced Training		

Financial Situation: Briefly explain how you will finance your tuition, books/material fees and support yourself while attending the program.

Meditation Experience (Please describe your meditation experience and incorporate the following questions)
This information will assist us in best supporting your studies and practice during the training.

What style and what tradition is your meditation practice?

How frequently do you practice and for what length of time?

What year did you begin your practice?

Have you worked closely with any particular teachers, and if so, whom?

Have you participated in any meditation retreats (please give approximate dates & duration)

Personal Statement and Information. In order for us to best support you during the training, please complete the following.
 1. Please describe what inspires you to participate in this program, and what you hope to gain from attending this training.

2. Are there any concerns related to your physical and/or psychological health that may impact your capacity to participate and function in the meditation, didactics or clinical training during the training? If so, please describe below.

Please feel free to provide any further information about yourself that may be relevant to this application.

Emergency Contact Information

Name:

Phone #:

How did you hear about this program?

Declaration: I hereby attest that all statements on this application/registration form and enclosed documents are true and complete in all respects, and no relevant information has been withheld. I agree and abide by the policies and regulations of The Nalanda Institute for Contemplative Science.

Signature of Application _____ **Date:** _____

Please EMAIL complete applications/registrations and documents to: info@xhaletoronto.com to be forwarded to Nalanda for review. Hard copies of Application Forms are NOT accepted.

*All materials filed during this application process become part of your permanent, confidential record and are not returnable.

*Incomplete applications will not be considered.

Payment Information

Card number: _____ Expiry: ___/___ Security Code: _____ Postal Code: _____

*All fees are payable to Nalanda Institute for Contemplative Science.

The 2019-2022 Schedule is as follows:

- 1. Weekend I Training with Dr. Joe Loizzo: Oct 4-6, 2019 *(In Class Times: Friday evening 6-9pm, Sat, 10-5pm & Sun 10-2pm)
- 2. Weekend II Training with Pilar Jennings: April 3-5, 2020 (*Same hours as above)
- 2. Retreat & Capstone Presentations with Onsite Teachers: Sat May 30, 2020*(10-4pm)
- 4. Friday "ONLINE" Cohort Meetings with Program Teachers, Guest Presenters:
Fridays Nov 8, 2019, Dec 6, 2019, Jan 10, 2020, Feb 7, 2020, March 6, 2020 (7-8:30pm On-Line)

REGISTRATION & TUITION PAYMENT

CERTIFICATE PROGRAM

Total Tuition: \$3000 plus HST (\$360) = \$3360

Full Payment of \$3360 by CE ** • 2019

- Installment I: \$J54 Upon Registration
- Installment II: \$J51 by CE ** • 2019
- Installment III: \$J51 by 2019
- Installment IV: \$J51 by October 30, 2019

*Some additional payment options may be available to support those who are unable to meet these deadlines.
** Prices in Canadian

REFUND POLICIES & CANCELLATIONS

Students/participants who wish to withdraw or cancel enrolment in the program must provide formal written notice to the Program Directors. Students are not eligible for any refunds without formal written notice.

*No refunds or credits will be issued on service fees.

Refunds for withdrawals or cancellations prior to the commencement of the program:

A) Full tuition is refunded less a \$500 administration fee if notice is received within/more than 60 calendar days before the first weekend of the training.

B) Subject to A, the full tuition is refunded less 50% if notice is received less than 30 calendar days before the commencement of the program.

C) No refunds or credits will be issued once Weekend I In-class Training commences.

WAIVER

I, the participant release the organizers of the training and their directors, sponsors, employees and agents from any liability for death, disability, injury and property damage. The participant acknowledges the risks involved with participating in the program, and **assumes all responsibility**, and waives any claims s/he may have. The participant agrees that they have informed the organizers of any relevant medical/health (physical or mental) concerns that they may have.

SIGNATURE & AGREEMENT

In signing this form, I am acknowledging that I have read, understand and agree to the refund and cancellation policies and waiver, and understand and agree that a default in my tuition obligations for this program will be submitted to a third party and may affect my credit rating.

Signature of Applicant/Participant: _____ **Date:** _____

OFFICE USE ONLY

Registration Date: _____

PAYMENTS

Full Payment: _____ CC Trans #: _____

Installments

Installment I: _____ CC Trans #: _____

Installment II: _____ CC Trans #: _____

Installment III: _____ CC Trans #: _____

Installment IV: _____ CC Trans #: _____

ADDITIONAL COMMENTS