

PRIME LIFE EDUCATION

REGISTRATION FORM FOR ETT (ADVANCED) PROGRAM

NOTE: 1. All columns are to be filled without blanks. In case anything is not applicable write as N.A; tick/cross the boxes wherever provided
2. Tick / cross in the box wherever provided as applicable

A. General information:

1. Name: _____
2. Name like to be called: _____
3. Date of birth: _____
4. Age: _____
5. Gender: Male ☐ Female ☐
6. Educational qualification: _____
7. Occupation: _____
8. Postal address: _____

9. Contact No.: Office _____ home _____ Mobile: _____
10. Preferable time to contact over phone: _____
11. When did you enroll for the program: _____ date: _____
in which event: _____
12. Date of the program for which enrolled: _____
13. When did you participated ETT, Basic program: _____
14. Has any of your family members attended ETT Advance program? _____
15. If yes, for question 14 mention the person's name: _____
16. Who enrolled you to this program? _____
17. Mention the phone number of a responsible person to contact for communication in case required when you are in the program: _____

B. Your life after ETT, Basic program:

18. Are you using ETT on you on regular basis? Yes / No
19. If yes to 18 how often you use it?
Daily basis ☐ occasionally ☐ as and when required ☐

20. What was the success rate when you used it on yourself? (Mention as a percentage)_____

21. Have you used ETT on somebody else? Yes / No

22. If yes to 21 what was the success rate? (Specify as a percentage)_____

23. Briefly write a few issues for which you used ETT on yourself and what was the effect (use additional sheets if needed):

[illegible]

24. Briefly write a few issues for which you used ETT on somebody else and what was the effect (use additional sheets if needed):

[illegible]

25. Have you accomplished anything in your work place or house front through ETT other than health issues?

Yes / No

26. If yes to 25 briefly write some accomplishments and results

27. Do you have any difficulty to sit for long time in the program? _____

28. If 'Yes' to 27, do you need any special arrangement to be made for you ? If so, mention it

I am aware that I have to sit long hours in the program and I take responsibility of my health as no physician will be available in the program venue. In case of any difficulty I will speak to the manager and take suitable steps.

Date:

Signature

C. Mind wellness related information:

29. Do you have any mind health (psychiatric) related issues like depression or other: Yes / No

30. If 'Yes' indicate the type of issues in detail:

31. Are you under medication for the above issue? : Yes / No

32. How long are you having the above ailment? _____

33. Do you have any emotional difficulty to sit for long time in the program? _____

34. Do you need any special arrangement to cope up the ailment during the program? Yes / No

35. If yes question 31, mention what arrangement is required.

I am aware that the program may bring out emotional issues and I take responsibility of my health as no physician will be available in the program venue. In case of any difficulty I will speak to the manager and take suitable steps.

Date:

Signature

D. Your inspiration about ETT, Advance Program:

36. What made you to enroll for ETT, Advance program?

37. Is there any particular issue you want to resolve by attending ETT(advance) program?

38. Anything else you want to communicate?

I have gone through and understood all the details in this form and requirements to participate in the program. In case anything else is required to be communicated after submitting this form, I will contact the person concerned and clarify/communicate the same.

Date:

Signature

Place:

(Note: Be informed that your participation to the program will be confirmed only after the form is cleared by the program leader)