

SUFI HEALING ORDER

International Training Course

September 2011 to July 2013

Application Form



Please download and send the completed form to the address according to your language:

in French: Noor al Fattah Hervot, noor.hervot@libertysurf.fr , 1 Square de Tenouarn, 35700 Rennes, France

in German: Kabir Findeisen, findeisen@caduceus.de , Niendorferweg 5, 29459 Bad Bevensen, Germany

in English: Inger Mundt, inger@mundt.dk , Langkaervej 31, 2720 Vanlose, Denmark

A. Your contact details

Name _____ Address _____

Postcode _____ Phone _____ email _____

B. Information about yourself:

Your age: _____ Your sex: female male What is your work or profession? _____

What languages do you speak? English French German

What languages do you understand? English French German

Are you connected with the Sufi Healing Order? If yes, please give details, including any position you hold.

Are you connected with the Sufi Order? If yes, please give details, including any position you hold.

C. Your involvement with healing

Do you already have experience in a healing occupation, either as a profession or a voluntary activity?

D. About your reasons for taking this course (please use an extra sheet of paper for these answers if needed)

What draws you to take this course?

What do you hope will be the result or outcome of this course for you? How would you like to use the training you receive?

E. Medical history

In the last 10 years, have you experienced any psychological stress or imbalance for which you have needed medical and/or holistic treatment? _____

In the last 10 years, have you taken any drugs which alter the mind, such as tranquilizers? _____

Are you currently taking any such drugs? _____

If you have answered yes to any of the above three questions, please give details. _____

F. Contact with your guide

If you are a member of the Sufi Order and have a guide, we would like to give your guide information about the course. We would not ask for any information about you. If you would be willing for us to contact your guide, please give their name, email and postal address:

Name: _____ email: _____

Postal address: _____

G. The type of accommodation you would like

Please indicate your preference:

- Single retreat hut 25€ per night
- Local bed and breakfast (pensions)
- Local hotels
- Camping in the grounds or floor space in the centre 5€ per night

Thank you for your interest in taking this course.