



*Niramaya Ayurveda*

May all be Happy, May all be healthy, May all enjoy prosperity, May none suffer.

## Ayurvedic Health Counselor Course Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Educational Background:

\_\_\_\_\_

Professional Background:

\_\_\_\_\_

Past Work Experience:

\_\_\_\_\_

\_\_\_\_\_

Why Do You Want To Study Ayurveda?

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Write About Your Own Spirituality:

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How many hours per week will you commit to your study? Group study, reading, assignments and reflection.

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Are there any limitations that might affect your participation in this course? What personal needs demand your attention at this time (family, work, health, financial?) How do you plan to meet these needs and participate in this course?

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