

APPLICATION FORM FOR PRANIC HEALING INSTRUCTOR

IMPORTANT - Please fill in this document completely

(Hand Written and BLOCK LETTERS only)

Please affix your recent photo here

Applying as Instructor for MCKS Course _____ _____ Date: ___/___/___ Copy of Certificate enclosed? Yes [] No []	Approved by Trustee: _____ Comments: _____ _____ Signature: _____
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Applicant Personal Details

Name:

Age:Yrs DoB:/...../..... Sex: M [] F [] Marital Status: Single [] Married []

Postal Address:

Mobile: Tel: Email address:

Profession: Education Qualifications:

Are you a Citizen of the country (where you wish to conduct Pranic Healing Courses) or hold a valid Permanent Resident Card or Work Visa?

Yes [] No [] Not a citizen, but I have a Valid Work Visa, and copy is attached []

For your safety, kindly answer the following questions:

1. Do you smoke? Yes [] Rarely [] No []

2. Do you drink alcoholic beverages? Yes [] Rarely [] No []

3. What is your diet? Vegetarian [] Non-vegetarian []



Pranic Healing Courses Taken

Course	Place Conducted	Name of Instructor	Month and Year
Basic Pranic Healing			
Arhatic Yoga Prep			
Arhatic Yoga Level ____			
Kriyashakti Course			
Certified Associate Pranic Healer			
Last AY Retreat attended?			

How often do you practice the following? (Please specify frequency of practice)

<i>Pillar No. 1</i>	<i>Daily</i>	<i>Weekly</i>	<i>Thrice a Week</i>	<i>Twice a Month</i>	<i>Remarks</i>
Arhatic Invocation					
Sharanagati					

<i>Pillar No. 2</i>	<i>Daily</i>	<i>Weekly</i>	<i>Thrice a Week</i>	<i>Twice a Month</i>	<i>Remarks</i>
Physical and breathing exercises					
Inner Reflection Firm Resolution					
Blue Triangle					
Self Healing					
Healing for others					

<i>Pillar No. 3</i>	<i>Weekly</i>	<i>Twice a Month</i>	<i>Thrice a Month</i>	<i>Remarks</i>
Meditation on Twin Hearts				
Arhatic Kundalini Meditation				
Meditation on the Soul (Blue Pearl)				
Arhatic Dhyana Meditation				
Lords Prayer Meditation				
Any other meditations (specify)				
Sublimation of Sex Energy				

<i>Pillar No. 4</i>	
Service	- Hours of service at the local Foundation: - Hours of service in other place(s): Please specify where:
Tithing	Average amount donated per month: _____ - To Local Pranic Healing Foundation: _____ - To Karmic Obligations: _____ - To Non-Karmic Obligations: _____ - To any other organisation: _____

<i>Pillar No. 5: Study</i>	Names of recommended books you have read in the last 12 months: (As given in the Basic PH book or Arhatic Yoga Notes)
1.	
2.	
3.	
4.	



Attended the following MCKS Pranic Healing Teacher's Training Course:

	Date	Licenser/Instructor Name	Venue
1.			
2.			
3.			
4.			

Organized the following Pranic Healing Intro Talk / Healing Camp / Meditation on Twin Hearts

	Date	Intro Talk / Healing Camp / MTH session (Plz specify)	Venue	No of participants
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Organized at least four (4) Basic Pranic Healing Courses with a total of 25 students produced

	Date	BPH Instructor Name	Venue	No of Students
1.				
2.				
3.				
4.				

Recommended by a licensed Pranic Healing Instructor. (Kindly attach the recommendation letter.)

	Name of BPH Instructor	BPH Instructor Code	Instructor Signature	Date

Why you want to become a Pranic Healing Instructor?

.....

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.....

What talents and assets do you have that will help you become successful as an instructor?

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.....

.....

Who is your target audience/market? (example: Yoga practitioners, school, teachers, etc)

How will you get a minimum of 5 persons for weekly MTH sessions and how will you bring in consistently 2 additional persons per month?

What means will you use to reach this target area/ group (e.g. word of mouth, advertising, networking, healing camps, etc.) and achieve the minimum monthly target for Pranic Healing class?

How much money, time and effort are you willing to spend to reach that target market?
Please do not say “whatever means necessary”, etc. Please quantify by listing a certain amount per month or per intro etc. Consider what is your total weekly or monthly budget for flyers/ ads, networking (e.g. expo booth space, etc.) overhead costs.

Anything else we should know about you, your health and your interest or capability in being a Pranic Healing Instructor?

DECLARATION

I am participating in this seminar at my own risk and of my own free will. I take full responsibility for participating in this programme. I release all instructors, all organisers and assistants of this seminar from all damages whatsoever and waive all rights to compensation on care of injury. I declare that I am physically and mentally able to participate in this seminar and will keep confidential all the proceedings. I verify that the information given above is true to best of my knowledge.

Place:

Date:

Signature



TITHING RECORD (Last 3 Years)

Month	Local PH Foundation	MCKS Trust Fund	World Foundation	Others
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Year _ _				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Year _ _				
January				
February				
March				
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Year _ _				
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July				
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September				
October				
November				
December				

CHECKLIST TO BECOME A BASIC PRANIC HEALING INSTRUCTOR:

<u>Eligibility to become a Basic Pranic Healing Instructor</u>	Tick
1. Should be a graduate	
2. Should be successful in their line of work.	
3. Should have practised Pranic Healing for at least 1 year	
4. Should have completed Basic Pranic Healing, Advanced Pranic Healing, Pranic Psychotherapy, Achieving Oneness with the Higher Soul and Arhatic Yoga Prep Level.	
5. Should be an Associate Certified Pranic Healer	
6. Should attend the Teacher's Training Course for Basic Pranic Healing	
7. Should be interviewed and scanned by the board of Trustees of the Licensee	
8. The applicant should have a plan on how they propose to get students for their class, and where they plan to conduct their classes	
9. The applicant should justify why he/she wants to be an Instructor	

<u>Procedure to become a Basic Pranic Healing Instructor</u>	Tick
1. Qualify as per the guidelines above	
2. Attend Instructor's Training Course organized by the Licensor	
3. Organise Meditation on Twin Hearts sessions for a minimum of 5 persons weekly	
4. Do a minimum of three (3) Pranic Healing sessions for real-case patients per week	
5. Organise and/or conduct at least one (1) Introductory Pranic Healing Talk/camp monthly	
6. Organise 4 Basic Pranic Healing class (Or) bring twenty-five (25) participants to Basic Pranic Healing class	
7. Teach as an apprentice in at least 4 Basic Pranic Healing classes	
8. After fulfilling all the above requirements (1 – 7) together with all supportive documents, the applicant will sign a contract with the Licensee to be an instructor.	

<u>Criteria to renew license as a Basic Pranic Healing Instructor</u>	Tick
Instructors are bound to achieve the following minimum goals during their tenure as a Basic Pranic Healing Instructor, to continue as a Basic Pranic Healing Instructor:	
1. Teach Basic Pranic Healing Course to a minimum of 36 students per calendar year	
2. Organise Meditation on Twin Hearts sessions for a minimum of 10 persons weekly	
3. Do a minimum of five (5) Pranic Healing sessions for real-case patients per week	
4. Organise and/or conduct at least one (1) Introductory Pranic Healing Talk/camp monthly	
5. Comply to the Basic Pranic Healing License Agreement	
6. Contribute and participate in the local foundation's strategies to spread MCKS's works	
7. Attend at least one Arhatic Yoga Retreat or Arhatic Intensive Practise or Trainer's Retreat/Conference per year	
8. After fulfilling all the above requirements (1 – 7) together with all supportive documents, the license will be renewed	

