



# The Monroe Institute

365 Roberts Mountain Rd. Faber, VA 22938 434.361.1252 Toll-free 866.881.3440 Fax 434.361.1237 www.monroeinstitute.org  
www.monroEinst@aol.com (GV App. 11/05)

## Lifeline Australia Application

(Confidential)

Programme Date: \_\_\_\_\_

Name: \_\_\_\_\_ Name you like to be called: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Female  Male

Marital Status:  Single  Married  Partner  Divorced  Widow/Widower, Children:  Yes  No Number: \_\_\_\_\_

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

Level of Education:  Secondary School  College  Graduate work Other \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Special dietary needs:  None  Vegetarian \_\_\_\_\_ Other, please list: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Presently on medication?  Yes  No If yes, specify kind and amount: \_\_\_\_\_

Within the last six months, have you taken (or has a health professional advised you to take) any prescription medications or drugs which: a) affect your mental processes or mood; or b) treat a "chemical imbalance"?

Yes  No If yes, please specify: \_\_\_\_\_

Any chronic or major illnesses, or physical limitations we should know about?  Yes  No

If yes, please specify: \_\_\_\_\_

Recent physical exam?  Yes  No If yes, for what reason? \_\_\_\_\_

General health: \_\_\_\_\_ Do you smoke?  Yes  No. If yes, how much? \_\_\_\_\_

Do you exercise?  Yes  No If yes, how often? \_\_\_\_\_ What type? \_\_\_\_\_

Have you undergone psychotherapy/analysis?  Yes  No From: \_\_\_\_\_ To: \_\_\_\_\_

Name and address of therapist: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

For what reason(s): \_\_\_\_\_



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Have you ever been hospitalized for mental breakdown or illness?  Yes  No If yes, please include details (diagnosis and medications-use additional paper if necessary): \_\_\_\_\_

Have you had any seizures?  Yes  No Do you have epilepsy?  Yes  No

Answer by number: 1 (very strong fear) 2 (average fear) 3 (no fear)

\_\_\_\_ Insects \_\_\_\_ Animals \_\_\_\_ Snakes \_\_\_\_ Crowds \_\_\_\_ Heights \_\_\_\_ Small spaces \_\_\_\_ Darkness  
\_\_\_\_ Death of others \_\_\_\_ Death of self \_\_\_\_ Other's opinions of you \_\_\_\_ OBE (out of body experience)

Other \_\_\_\_\_

Any adverse reactions to guided imagery?  Yes  No

Events/things that please you most: \_\_\_\_\_

Do you have any special dislikes? \_\_\_\_\_

Participation in any other mind training activities (TM, Silva, etc.): \_\_\_\_\_

Present use of recreational or psychotropic drugs (alcohol, barbiturates, amphetamines, marijuana, etc.?)

Yes  No If yes, what type? \_\_\_\_\_ How often? \_\_\_\_\_

What areas of personal development do you feel you need most? \_\_\_\_\_

What benefits do you expect to receive by attending Lifeline? \_\_\_\_\_

How did you learn of The Monroe Institute? \_\_\_\_\_

What prompted you to enrol in Lifeline? \_\_\_\_\_

If you registered at the suggestion of a Outreach Trainer or TMI Residential Trainer or Hemi-Sync®

Dealer, please include his/her name: \_\_\_\_\_



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## Registration Fees and Refund/Transfer Policy

The Lifeline programme fee includes tuition, accommodation & meals. Before we can confirm your registration, your application and the required \$500.00 deposit must be received by money order, international direct bank deposit or direct bank deposit. Details are as follows:

**Bank:** Westpac **BSB:** 034 292 **Account No:** 319552 **Name:** Bridging Concepts

(*International Banking information:* **Bank:** Westpac Banking Corporation **Branch:** Runaway Bay Shopping Centre, Runaway Bay 4216 Australia. **BSB** 034292 **Account No** 319552 **Swift Code:** WPACAU2S. **Name** Bridging Concepts)

*Please note: The balance of the programme fee is due no later than 30 days prior to the first day of the programme.*

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### Method of payment of the deposit of \$500.00 (please check one):

I understand that the balance of my programme fees is due no later than 30 days prior to the first scheduled day of the program or all fees paid are forfeited.

- I have enclosed a Money Order
- I have already paid by direct bank deposit on (date) \_\_\_\_\_

### Method of Payment for the balance due. (*You must complete one option and validate with your signature.*)

- I will send the payment to Bridging Concepts, prior to 30 days in advance of the start of the programme.
- I will pay via direct deposit to Bridging Concepts' bank account, prior to 30 days in advance of the start of the programme.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Due to the advance planning required by programme participants and staff, it is necessary that we administer the following refund/transfer policy.

- If for any reason, you are not accepted into the Lifeline programme, any payment(s) will be refunded in full.
- If you cancel more than 45 days before the programme date, you will receive a refund or credit, less the cancellation fee of \$200. Credits will be held for two (2) years from the original programme date, then forfeited if not used.
- If you cancel 45 to 30 days before the programme date, you will be charged a \$400 late cancellation fee.
- If you cancel or transfer fewer than 30 days before the programme date (or if you do not attend), you will receive no refund or credit of fees already paid.

The Monroe Institute (TMI) and Bridging Concepts, reserve the right to cancel a programme 30 days in advance of the programme date if there is not sufficient enrolment. Participants will be notified of other programme dates they may transfer to at no cost to the participant. TMI will not be responsible for costs incurred due to cancellations.



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Dear Gateway Graduate,

In the past, many participants have entered our programmes with the expectation that they would achieve an out-of-body state. While our programmes do aid many individuals towards this goal, we must stress strongly that we offer no guarantees or warranties that the sessions and the continued exercises at home will give the participant an out-of-body experience. The variation between individuals is too great for us to make any predictions or guarantees.

TMI programmes remain evolving training and educational programme. It is not therapeutic in design, intent, or methodology and is not a substitute for medical treatment, psychotherapy, or any health program. We retain the right to determine if a participant may or may not continue with our sessions and programme. If we deem an individual unsuited for continuation in a session or in the entire programme, we will return the balance of his/her fee on a pro-rated basis.

## Terms and Conditions

In consideration of the mutual benefits which are expected to arise out of the activities which I intend to engage in under the sponsorship of The Monroe Institute, and especially of the benefits, educational and otherwise, which I myself expect to derive, I hereby release and forever discharge The Monroe Institute, Monroe Products, Bridging Concepts and all officers, directors, employees, agents, representatives and/or volunteers and the successors of either from all claims and demands whatsoever which I, my heirs, executors, administrators and assigns have, or may have, against them by reason of any physical injury and mental and emotional issues of any nature whatsoever which I might suffer during or after my participation in the Programme, and the use of their facilities and possible swimming pool, and I hereby expressly declare that any such activities are entered into by me voluntarily in an effort to increase my knowledge of the subjects under investigation.

I understand that the materials presented by The Monroe Institute in this Programme are intended solely for use by Programme participants. I will not use the materials for any purpose other than my own personal use and agree not to resell, reproduce and sell, modify and sell, or repackage and sell the materials.

I represent that I have not registered in the Programme to handle a physical, mental, or emotional problem. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be able to handle the types of activities described to me as part of the Programme.

I agree to the above terms and conditions and certify that the answers given by me on this application are true and complete to the best of my knowledge. I also agree to advise The Monroe Institute Registrar, if between the time I send in this form and the time my Programme begins, I experience any alteration in health or my mental condition that would affect my answers on this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are under 18 years of age, your parent or legal guardian must read and sign below:*

As parent or legal guardian of the above-named minor, I give my permission for my child to take the Gateway Voyage Programme.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Post or email your application to:  
Gwen Jones  
6/142 The Esplanade  
Paradise Point Qld 4216 Australia  
[jonesgwen@msn.com.au](mailto:jonesgwen@msn.com.au)

For questions, call:  
Tel: 61 7 55772867

***Please note: The Monroe Institute & Bridging Concepts are committed to providing an environment free from sexual and other forms of harassment. Any harassment is unlawful and will not be tolerated by The Monroe Institute & Bridging Concepts***