

**TANTRA ESSENCE
SEX TO SUPERCONSCIOUSNESS
TANTRA TEACHERS TRAINING**

APPLICATION

Please respond to all the following questions as fully as possible. Do not leave any questions blank. Once you have completed the application please email the completed form to Supragya at supragya@tantra-essence.com

NAME:

AGE:

MAILING ADDRESS:

TELEPHONE NUMBER:

EMAIL:

NATIONALITY/ ETHNIC BACKGROUND:

PROFESSION:

CURRENT OCCUPATION:

1. How did you find out about this training?

2. Why would you like to participate in this training?

3. What is your experience with Personal Development?

4. What is your experience with Osho Meditations, which ones and for how long?

5. What is your experience with other Disciplines of Meditation, which ones and for how long?

6. Have you explored any spiritual path deeply? If yes, which path/paths, and for how long?

7. What is your experience with emotional release work, what kind and for how long?

8. What is your experience with Breath-work? Please describe.

9. Have you studied Massage/Body Work? If so, which kinds? How much experience do you have in giving and receiving massage?

10. What is your experience with Energy Work? Please describe.

11. Have you been trained in Wholistic Healing? Please list the healing techniques you are able to offer professionally.

12. What is your experience with Yoga? Please describe.

13. Do you have experience with theatre, dance, arts, or choreography? If so, please describe.

14. Do you have any experience in teaching, facilitation or public speaking? Please describe.

15. Have you been trained in psychotherapy, or professional counselling? If so, please give details about your qualifications.

16. Do you have any experience of Kundalini Energy? Please describe.

17. What previous experience do you have with Tantra? Please list groups and duration of groups you have participated in.

18. Please list the Tantra Teachers you have worked with. What Tantra lineages have you been involved with?

19. Have you been trained in Sexual Healing? If so, by whom and how much experience do you have in this healing modality?

20. Please describe how you have been experiencing your sexuality, now and in the past.

21. Please describe how you have been experiencing intimate relationships, now and in the past.

22. What is your sexual orientation? Heterosexual? Homosexual? Bi-Sexual? Or other?

23. Please describe how you take care of your health and what is your current state of health?

24. Please describe your style of eating: During the average week, how much of the following do you consume?

- **Processed Foods (junk food, fast food, microwave ready food, sodas, candy, etc...)**
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- **Meat (red, white, etc.)**
-

- **Fish**
-

- **Vegetarian**
-

- **Vegan**
-

-
- **Raw**

-
- **Processed Sugar**
-

25. *What are your hobbies? What do you enjoy to do in your free time?*

26. *Are you currently on medication, if so what kind?*

27. *Have you ever been treated for any psychological problems/ depression? If so, please give details.*

28. *What is your experience with drugs, nicotine, and alcohol, now and in the past? Please describe your consumption (when, what, how much, etc...).*

29. What strengths do you feel you have that will support you in the Tantra Essence Teachers Training?

30. What are the areas you feel you need support, to draw out your potential, and that you wish to develop through the Tantra Essence Teachers Training?

31. What are your long-term aspirations?

32. Is there anything you would like to add? How are you feeling in your life at this time?

Signature _____ **Date:** _____