

TOBAGO CENTRE
FOR THE STUDY & PRACTICE OF
INDIGENOUS SPIRITUALITY



Application Questionnaire

Last Name:
First Name/s:
Preferred Name: Date of Birth:
Address:
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Home Phone: Cellular:
Work Phone: E-mail:
Which is the best way to reach you?
Institutional affiliation (if any):

In the event of an emergency whom would you like for us to contact?

Name:
Relationship:
Contact number(s):
Email:

How did you learn about the Tobago Centre?

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What sparks your interest in the Centre and its activities at this point in your life?

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Is this your first visit to a retreat centre? If not, please describe your prior experiences in as much detail as you would like.

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How important is it to you to cultivate a spiritual life?

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Please tell us whether you have a spiritual practice? Is it a daily practice? Please describe in as much detail as you would like what it consists of.

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Is there a creative/aesthetic dimension to your life? Please describe your relationship to your creativity.

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Are there particular gifts you feel you bring to this residency? Please describe.

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What are your hopes and fears for this residency?

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Please describe your current work/school life.

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Please describe your general physical health.

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Do you have medical/travel insurance? Please supply details.

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Do you have a health or medical condition of which we ought to be aware? Please describe.

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Are you currently taking prescribed medications of any kind? Please describe. Will your current supply last for the duration of your residency?

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Please provide contact details of your physician.

Name:

Telephone:

E-mail:

Address:

Are you currently taking any non-prescription medications of any kind? Please describe.
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Are there any particular needs relating to diet or accessibility of which we ought to be aware?
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Do you have an active community or support network with whom you might share your experience upon your return home?
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Please share in as much detail as you would like any additional information you believe important for us to know you.
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If more comfortable, feel free to compose a statement that addresses the questions, but be sure to include the medical information.

Please submit two letters of recommendation with your application.

You are required to arrive at the Tobago Centre with your medical insurance coverage and a copy of your Proof of Insurance form.

For additional details, please contact Program Co-ordinator, Maria Luisa "Papusa" Molina, at papusamolina@hotmail.com

The Tobago Centre is a non-smoking, alcohol and drug free environment.

We greatly appreciate the time you have devoted to completing this application.

Thank you.

Perpetual gratitude to our ancestors and to all our relations in whose footsteps we walk and who provide the spiritual grounding that makes this work possible. May we be consistent in attuning ourselves to the teachings of Mother Earth and to the rhythms of Her breathing.