**Vision Quest**

**Application Form**

**CONTACT DETAILS**

Family name: Click here to enter text. First name: Click here to enter text.

Preferred first name: Click here to enter text.

Date of birth: Click here to enter a date. Gender: Click here to enter text.

Street address: Click here to enter text.

Suburb: Click here to enter text. Postcode: Click here to enter text.

Best phone contact: Click here to enter text. Email: Click here to enter text.

Next of Kin name & mobile # (required in case of emergency):

Click here to enter text.

*Vision Quest is a serious commitment to your transformational journey and we, as facilitators, have a responsibility to potential applicants and to other questers to ensure you are currently suited to this quest ceremony. To assess your suitability for the vision quest, and to minimise potential risks, we ask you to answer the following questions. Please be as honest as possible so that we can provide the best quest support for you.*

*The information provided will be kept strictly confidential and will not be used for any other purpose.*

**Please tell us a little about yourself. We would particularly love to know more about:**

**- the unique life experience and wisdom that you will carry into your vision quest; and**

**- your individual felt experience of being called to Quest… why you are called to Quest?.. how are you hearing/feeling this call?.. how strong is this call?**

Click here to enter text.

**What type of activities do you enjoy the most? Please give details.**

Click here to enter text.

**Do you currently have a regular exercise activity? (walking, running, swimming, yoga)**

Click here to enter text.

**If YES, how many times per week do you undertake this activity? Please give extra information if you do more than one activity per week.**

Click here to enter text.

**Do you have any current medical conditions that we should know about that could impact your ability to participate in the Vision Quest, including fasting for 4 days, walking and generally being in a bush setting?**

Click here to enter text.

**Please include full details of any prescription medication or herbal remedies that you are currently taking.**

Click here to enter text.

**Do you have any current disabilities or significant challenging conditions (physical/mental)? Please provide full details?**

Click here to enter text.

**Do you carry an EPI-PEN for any allergy? If yes, please provide details.**

Click here to enter text.

**Do you have any other allergies? If yes, please provide details.**

Click here to enter text.

**Do you have or have you ever had any blood sugar problems? If yes, please provide details.**

Click here to enter text.

**Have you ever had surgery? If yes, please provide details of what, when, recuperation period.**

Click here to enter text.

**If you are currently seeing a Health Professional regularly (GP, Mental Health, Naturopath or Specialist in any field) please detail below what this treatment is for and also provide their current contact details.**

Click here to enter text.

**Have you ever fasted before? If yes, for how long and when?**

Click here to enter text.

**How do you feel about fasting on water during the Vision Quest?**

Click here to enter text.

**Are you allergic to any food or have any food preferences, eg vegetarian, vegan, gluten free, dairy free, raw food etc.**

Click here to enter text.

**Do you have any serious food allergies that cause medical complications? If yes, please list them and rate the severity on a scale of 1-10.**

Click here to enter text.

**Have you ever seen a Mental Health Professional (counsellor, psychiatrist or psychologist**)? If YES, please provide us with details such as for how long and whether this treatment is continuing.

Click here to enter text.

**Have you ever had a drug/alcohol dependency or addiction? If yes, please provide details if this is a current or past issue**

Click here to enter text.

**Do you now, or have you ever suffered from any kind of anxiety disorder (eg panic attacks, night terrors, phobias, flashbacks etc)? If yes, please provide details.**

Click here to enter text.

**Do you now, or have you ever suffered from any type of dissociative disorder, or bipolar disorder? If yes, please provide details.**

Click here to enter text.

**Have you undergone any stressful events in the past two years that have impacted you significantly (eg loss of a loved one, separation, loss of employment etc)? If yes, please provide details.**

Click here to enter text.

**Have you undertaken any other training/courses that you would like to tell us about that might give us a greater understanding of the unique wisdom and experience you will carry into your Vision Quest?**

Click here to enter text.

**Do you have any religious or spiritual beliefs you wish us to respect?**

Click here to enter text.

**Overall how would you rate your current physical fitness and health? (Please bold or highlight your response)**

* Poor
* Fair
* Good
* Very Good
* Excellent

**Please comment if necessary:**

Click here to enter text.

**Overall how would you rate your current mental health and general attitude to life? (Please bold or highlight your response)**

* Generally depressed
* Sometimes feel good/sometimes feel depressed
* Generally feel good/sometimes get down
* Generally feel very good
* I always feel excellent
* I can swing from feeling really good/excellent to being depressed/sad

**Please comment if necessary:**

Click here to enter text.

**If accepted, do you agree to take full responsibility for your safety on the property (base camp and quest area), for your overall experience, for your equipment and preparation needs, and for the full exchange (payment) agreed upon?**

Click here to enter text.

***Thank you for taking the time to provide this information. We will be in touch to let you know the outcome of your application. Preparation information and an equipment list will be emailed after acceptance.***

***If you have any questions please contact a member of the Quest team –***

***Steve or Julie on (07) 3289 4948 or*** [***connect@soulpaths.com.au***](mailto:connect@soulpaths.com.au) ***or***

***Rain on 0402 130 972 or*** [***rain@soulscapes.com.au***](mailto:rain@soulscapes.com.au)

***More information can be found at -***

[***www.soulpaths.com.au***](http://www.soulpaths.com.au) ***or*** [***www.soulscapes.com.au***](http://www.soulscapes.com.au)