



Benjamin Turale ABN: 73 628 699 273

Trading as the *Temple of Mercury*

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### **Student Application Form - Talismanic Magic**

*Thanks for your interest in the Talismanic Magic course. Please answer ALL questions below and email the form back to [templeofmercury@gmail.com](mailto:templeofmercury@gmail.com)*

*Submission of this form is no guarantee of a place in the course. The school director reserves the right at any time to refuse students. If your application is successful, you will be contacted by email and/or phone to arrange payment for the course. A non-refundable deposit fee of \$100 will be required to secure your place, and payment of the total course fee must also be made in full before attendance. Any information you share will be stored securely according to the National Privacy Act (1988) and will not be used for marketing purposes.*

**Please outline any prior training in detail in magick, the occult or spiritual paths.**

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**Why do you want to learn Hermetic Sorcery?**

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Are you currently seeing a counsellor, psychologist, psychiatrist or other mental health professional for any mental health issues? If yes, please outline below.

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Where/how did you hear about the course?

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**WAIVER - PLEASE READ CAREFULLY BEFORE SIGNING.**

Any slides you view during the course or handouts given to you during the class are copyrighted material and are not to be distributed or photocopied without written permission by the author, Benjamin Turale. By signing this form you agree to these terms.

Ceremonial Magick involves the use of visualisation, concentration and other techniques that can have serious cognitive and emotional impacts on an individual, particularly in the case of people with mental illnesses and/or poor mental health. By signing this form I understand, accept and agree that Benjamin Turale and the Temple of Mercury shall not be held responsible, liable or accountable for my safety during the course, nor for any subsequent use or misuse of any information learnt during my studies with him. I accept full responsibility for my actions and choices.

Please fill in all fields below for your application to be considered.

Legal name, please print: \_\_\_\_\_

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

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

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

Contact Phone number: \_\_\_\_\_

Email: \_\_\_\_\_