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Trading as the *Temple of Mercury*

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Application Form - 2 Day Course in Herbal Alchemy and Spagyrics

Thanks for your interest in the 2 day herbal alchemy course. Please answer the questions below and email the form back to templeofmercury@gmail.com

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 \$50 will be required to secure your place, and the payment must be made in full before attendance. Please note that completing this form does not ensure your place in the course. The course director reserves the right at any time to refuse students. Any information you share will be stored securely according to the National Privacy Act (1988) and will not be used for marketing purposes.

Have you had any prior experience learning alchemy? Please outline below including any teachers you have already studied with.

Do you have any other training or experience in alchemy, the occult, meditation or spiritual paths? Please briefly describe below.

Why are you interested in learning herbal alchemy?

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

Where/how did you hear about the course?

The practice of alchemy can be dangerous. Formal laboratory training is recommended. Familiarize yourself with any laws which may apply to you in your jurisdiction and act accordingly. Alchemical medicines can interact with pre-existing medical and mental health conditions, as well as any medications that you may already take. Consulting a licensed physician is encouraged before consuming herbal, animal, mineral or metallic preparations. Any 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 understand, accept and agree with the above terms, and that Benjamin Turale shall not be held responsible, liable or accountable for your safety during the course, nor for any subsequent use or misuse of any information learnt during your studies with him.

Signature: _____

Signed by (name, please print): _____

Date: _____

Contact Phone number: _____

Email: _____