

PERSONAL RETREAT APPLICATION FORM 个人禅修申请表格

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近照

This form is to be completed by yogi applying for personal retreat with guidance or first time doing self retreat without guidance.

欲申请个人禅修,包括需要或不需要禅修指导皆须填写此表格

*You must have sufficient meditation experience, It is a must that you have ever completed two or more residential meditation retreats of minimum 10 days in each session, under Venerable Sayalay Susila or other competent teachers 具备有足够的禅修经验。即一般上曾参加过二次以上十日的禅修营,且由善戒法师或其他被认证的禅修老师教导过。

I wish to apply for □ Personal retreat without guidance. Name of referee:							
禅修日期(日/月/年)	to	nı	umber of days: 天数				
1. PERSONAL DETAILS 个人的	₹料 	RELIGION	7				
FULL NAME							
姓名		宗教					
GENDER	MALE / FEMALE	CURRENT AGE					
性别	男 / 女	年龄					
NATIONALITY		OCCUPATION	 				
国籍		职业					
MARITAL STATUS	SINGLE / MARRIED / DIVORCE	DATE OF	 				
婚姻状况	单身 / 已婚 / 已离异	BIRTH	•				
		出生日期					
HOME ADDRESS	. <u>- </u> 	TELEPHONE	OFFICE :				
		电话	办公室				
住家地址			HOME :				
		į	住家				
			H/PHONE :				
		į	手机				
EMAIL ADDRESS	 	<u> </u>	<u> </u>				
电邮址							
NRIC NO / PASSPORT NO and							
VISA EXPIRY DATE							
身份证/护照号码和签证期限							
NAME & ADDRESS OF BUDDHIST							
ORGANISATION ASSOCIATE							
WITH							
参与之佛教团体及地址(如有)							

2. MEDITATION INFORMATION 禅修资料							
PLEASE STATE TYPE OF NUSED.	MEDITATION METHOD	i ! !					
现在使用之禅修法门		!					
FOR HOW LONG HAVE YO	U USED THIS METHOD?						
己使用此禅修法门多久	?	i L					
WHO IS YOUR CURRENT M ANY?	MEDITATION TEACHER, IF						
现在的禅修老师是谁?	(如有)	! ! !					
DETAIL OF YOUR PAST MEDITATION RETREAT Te		_Teach	er ^{老师}	Type ^法	<u></u>	Duration 时间	When ^{何时}
过去之密集禅修经验		1.					
		2. 3.					
		4.					
		5.					
<u> </u>		i					
3. MEDICAL HEALT	H DETAILS 健康状况						
	CONDITIONS (IF ANY) FOR EXI KIDNEY / HEART PROBLEMS		,				
į	高血压、肾病、心脏病、 [©]	孝喘、糖	YES	是 NO 否			
DO YOU SUFFER FROM DEPRESSION, ANXIETY OR ANY OTHER MENTAL ILLNESSES UP SEE NO 否							
是否有忧郁症、焦虑或	其他精神病状况?						
IF YES, ARE YOU UNDER N	MEDICATION FOR SUCH ILLN	ESS?	SS? YES 是 NO 否				
若有,是否正在服药?				, , , , , , , , , , , , , , , , , , , ,			
4. CONTACT PERSO	ON IN CASE OF EMER	 GENCY 紧	 :急联络/	 ሊ			
NAME	MR 先生		H	OUSE ADDRESS	 		
姓名	□ MS 女士		ŀ	家地址			
RELATIONSHIP	 !			MAIL ADDRESS			
↓ 关系	NOTH		į	邮址			
八水	<u> </u>		1	шрх <u>п.</u>			
HOUSE TELEPHONE	OUSE TELEPHONE		Н	ANDPHONE			
住家电话			手	机			
<u> </u>	<u> </u>		<u></u> !				
5. RESUME ABOUT YOURSELF , include :- Family background, Education background, Spiritual background, your personality and purpose of retreat at Appamda Vihari. 个人覆历,包括家庭、教育、宗教背景,个性及来正勤乐住禅修中心禅修的目的							

I hereby declare and acknowledge that: -

- ▶ I shall observe 8 precepts and practice noble silence during my stay in AVMC. 在正勤乐住禅林禅修期间我将遵守八关斎戒和圣默然的规约。
- ▶ I have read, understand and shall strictly abide to the rules and regulations of AVMC. 我已经阅读及了解禅修期间之规则,並将遵守此规则。
- ▶ I shall not hold AVMC responsible for my conduct that is contrary to its rules and regulations. 我同意正勤乐住禅林将无需为我不遵守规则的行为负责。
- ▶ I shall not hold AVMC liable for any mishap due to my own negligence during my stay in AVMC. 我同意正勤乐住禅林将无需为因我自身疏忽造成的意外负责。
- AVMC reserves the absolute right, in exceptional circumstances, to require a yogi to leave at 24 hours' notice. This right shall be exercised in the best interest of AVMC. 正勤乐住禅林有权在特定情况下要求禅修者于 24 小时内离开禅林。此权利的行使主要为照顾禅林的整体利益。

PLEASE EMAIL THIS FORM TO: appamadavihari@gmail.com. NOTE: Tick where appropriate, write "N/A" where not applicable, delete the irrelevant option. FOR ENQUIRIES: email appamadavihari@gmail.com. APPROVAL: You will be notified through email when your application is approved DANA: All retreats expenses, building maintenanceetc survive on dana, we appreciate your donation, please download the dana form www.sayalaysusila.net (under retreat section) and submit to us MAP TO VENUE, Please visit www.sayalaysusila.net (under retreat section)							
	Iduring the retreat period.	, agree to abide by all the i	ules and carry out the daily duties				
	本人	,同意遵守禅修期间的规约,	並履行出坡的义务。				
	Signature: 签名:						
	Date 日期:						