

# **4th Theravada Samaneri Novitiate Programme 2020**

## **Application Form**

### Notes from the organizing secretary

1. All fields to be duly filled up (in CAPITAL LETTERS if it is on hard copy). Incomplete application forms will NOT be processed.
2. Kindly email your recent coloured photo to infotnsp@gmail.com. Email subject: photo - full name.
3. If you have urgent inquiries, do not hesitate to contact:
  - Via email (24 hours) - infotnsp@gmail.com
  - SJBA office (Mon-Fri, 10am - 5pm) - Sister Lily, Tel: +603-56348181
  - Via WhatsApp (10am - 6pm) - Sister Sumedha, Tel: +6016-3310325
4. If your form is successfully submitted, you will receive a confirmation message as below;  
"Thank you. Your form has been successfully submitted. We will get in touch with you soon."
5. Once the number of applications reach 50, subsequent applications will be placed under waiting list. Successful candidates will be notified latest by first week of March 2020.
6. Hair shaving is compulsory during the programme. If you wish to donate your hair for charitable cause, the requirements are as follows:
  - Ponytail length: At least 6 inch/ 15cm
  - If you have dry, colored, perm or rebonding treatment, hair can only be donated after 6 months
7. Other details:
  - Open to female 15 years old and above
  - Vegetarian food (breakfast & lunch only)
  - Conducted in English
  - (Mandarin when necessary)
  - No electronic devices allowed

**Personal Information**

Full Name \_\_\_\_\_

Pali Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (MM/YYYY) \_\_\_\_\_

Age (as of 1st January 2020) \_\_\_\_\_

Marital Status Married  Single

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Blouse size S  M  L  XL

Correspondent address \_\_\_\_\_

\_\_\_\_\_

Office Tel No \_\_\_\_\_

House Tel No \_\_\_\_\_

Mobile number/s \_\_\_\_\_

Do you have any physical and/or mental health illnesses or disabilities? * Example: Gastric, high blood pressure, allergy or depression, mental disorders, diabetes, epilepsy, cardiovascular disorders, gastroenteric disorders, physical limitations - knee osteoarthritis, etc. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please elaborate the medication and treatment that you currently undertake.	
Medical / Health details (kindly list types of medications taken):	
<b>In case of Emergency (Mandatory)</b>	
Contact Person Name	
Phone Number	
Relationship	<b>Parent/ Guardian</b> <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/> <b>Sibling</b> <input type="checkbox"/> <b>Other:</b>

The following information provided will help the organizers to improve in organizing this Programme, tick one:

<b>Lowest Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Highest Score</b>
Meditation						
Pali Discourses (English/Chinese Version)						
Pali Chanting						
Vinaya (Monastic Discipline)						
Dhamma Studies						
Dhamma applications in daily life						

Are you a volunteer / member / EXCO of any Buddhist Organizations? Yes  No   
 If Yes, please state your position and name of the organization/s:

**Language Proficiency Level** (Spoken Languages-Tick where is applicable)

<b>Lowest Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Highest Score</b>
English						
Mandarin						

If Others, kindly list type of spoken language and proficiency levels (1 to 5).

Why do you wish to attend this novitiate programme?

What are your expectations from this programme?

How did you know about this programme?

- Dhamma Centres
- Family / Friends
- Posters / Banners
- Digital media platform - Facebook, websites

**DECLARATION**

I, \_\_\_\_\_(your name) the undersigned, hereby declare that the above information provided is true and I am willing to abide by the Organizing Committee's advice and the programme's rules and regulations, otherwise I shall leave the programme's on my own accord. I also understand that my husband or family member has agreed for me to join this programme. As the organizers arrange this programme in good faith and to the best of their liability, they will not be held responsible for any mental or physical injury incurred during this programme.

(Enter date to indicate compliance):\_\_\_\_\_

**PARENTS/GUARDIAN'S CONSENT** (For those under 18 years old as of 1st January 2020).

I, \_\_\_\_\_ (parent or guardian's name), hereby give permission for my child / dependent to participate in the above mentioned 4th Theravada Samaneri Novitiate Programme 2020 (Full name and Date)

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