



法雨道場 Dhammavassārāma

Dhamma Rain

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Tel : (05) 253-0029

**Attach
Photo
貼相片**

Student Application Form 30 Nov. ~7 Dec., 2016

1. 個人資料 Personal Particulars

護照名: Name In Passport	法名: Dhamma Name	國籍: Nationality
身份證號碼: NRIC No.	出生日期: Date of Birth	性別 Gender: 男 Male /女 Female*
For foreigner only 供外國人: Passport No. 護照號碼:	Passport Expiry Date 護照截止日期:	Visa expiry Date 簽證截止日期:
地址 Home Address:		
聯絡電話: Contact No	手機: Cell-Phone:	電郵: Email
禪修期 Retreat : from _____ 至 to _____		
備註 Remarks (辦公室用 for office use/):		

2. 緊急聯絡人 Emergency Contact Person

姓名 Name:	關係 Relationship:	聯絡電話 Contact No:	手機 CellPhone:
姓名 Name:	關係 Relationship:	聯絡電話 Contact No:	手機 CellPhone:

3. 禪修經驗 Meditation Experience

禪修方法 Type of meditation practice :
禪師 Meditation Teacher:
(1)您曾修持過「安那般那」(出入息念)的法門嗎? Have you practiced ānāpānasati meditation? <input type="checkbox"/> 沒有 <input type="checkbox"/> 有 Yes/No 如果有, 請詳細說明: If yes, please give a description with detail: (a) 您於何時、何地修持過「安那般那」When, where _____ (b) 您是以「安那般那」或「四大界差別觀」為入門? which is your entry level practice: ānāpānasati or catudhātuvavatthāna[analysis (or determining) of the 4 elements]: _____ (2)您目前的修持法門 Which is the method of practice you use at present _____

*Delete where not applicable / 請刪除不要的 ec., 2016 學員報名表格

4. 健康狀態 Health & Well-Being

你是否有較嚴重的疾病？:

有/沒有*

Do you have any significant physical/medical/health ailments or conditions?: Yes/No*

如果有，請告知你現在的狀況和藥物，以及病史及治療狀況。

If yes, please give details of your **present condition / medication**, AND the condition's history and treatments.

你現在是否有任何精神方面的疾患，如憂鬱、焦慮、歇息底裏或其他？: 有/沒有*

Do you have, past or present, any mental health conditions such as depression, panic attacks, hysteria, etc.?: Yes/No*

如果有，請告知你現在的狀況和藥物，以及病史及治療狀況。

If yes, please give details of your **present condition / medication**, the condition's history and treatments.

最近 3 年以來，你是否有飲酒及服用毒品及任何麻醉品？:

有/沒有*

In the past 3 years, have you ever consumed alcohol, taken drugs, or any other intoxicants?: Yes/No*

如果有，請告知現在及以前的狀況，毒品的類型，是否成癮，及治療狀況？

If yes, please give details of **present and past usage, types, addictions, treatments**, etc.

日期 Date: _____ 簽名 Signature: _____

★ 若未貼照片或簽名者，請勿寄回報名表。報名者若在禪修前一週未收到報到通知，請與我們連絡。

Note: When you send, this form must be signed by you and attached with a current photo of yourself. If you do NOT receive meditation inform before 15 Nov., please contact us.