

Short-term Retreat Application Form 短期静修表格

Personal Details 个人资料	Contact Details 联系方式
Name (English) 英文姓名: _____ Name (Chinese) 中文姓名: _____ Nationality 国籍: _____ Date of Birth 出生日期: _____ Age 年龄: _____ Marital Status 婚姻状况: _____	Address 住址: _____ _____ Contact/Mobile No. 联系号码: _____ Email 电邮: _____ Emergency Contact 紧急联系人名字与电话: _____ _____ Relationship to applicant 关系: _____
Family 家属	
Do you have any financial or physical dependents? 您是否有负债或有家庭眷属? <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Children 孩子 <input type="checkbox"/> In Debt 负债 <input type="checkbox"/> Nil 无	
Health 健康状况	
Do you have any long-term health issues or disabilities? 您是否有长期健康状况或身体残缺? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Have you ever been under psychiatric care? 您是否曾接受过精神科治疗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Are you currently taking any medication? 您是否正在服用药物? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Do you have a history of alcohol or drug dependency? 您是否曾长期依赖酒精或药物? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Experience 经历	
What languages do you speak? 您会说哪些语言? _____ Highest level of education 最高学历: _____ Work experience (please attach CV) 工作经历 (请附上履历): _____ Life experiences 生活经历: _____	
Religion 宗教信仰	
When did you first come in contact with Buddhism? 您何时首次接触佛教? _____ _____	
Have you ever participated in any activities organised by our monastery? (If yes, please specify which activities) 您是否曾参加过本寺主办的活动? (如有, 请注明哪些活动) _____ _____	
Have you taken the 3 Refuge? 您是否已皈依三宝? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (If yes, specify the name of your Refuge Master) (若是, 请注明皈依证明师法号) _____	
Have you taken the 5 Precepts? 您是否已受五戒? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 (If yes, specify the name of your Precept Master) (若是, 请注明戒师法号) _____	
Which centre do you usually go to for practice? Who is your main teacher? 您通常到哪间道场修持? 请问主要导师的法号? _____ _____	
What does your daily spiritual practice include? 您每日的行门功课包括哪些? _____ _____	
Would you consider long-term ordination in the future? If yes, please specify when and why. 您是否会在未来考虑长期出家? 若是, 请说明具体时间与原因。 _____ _____	

Short-term Retreat Period & Precept Request 短期静修时段与受戒要求

- 1 month 一个月
 2 months 两个月
 3 months 三个月
 6 months 半年
 1 year 一年
- Start date 开始日期: _____
 End date 圆满日期: _____
- 3 Refuge 5 Precepts 三皈五戒
 Eight Precepts 八关斋戒
 Sāmaṇera Precepts 沙弥戒

Short Biography 自传

Write a short biography of yourself and why you want to experience Short-term Retreat? (150 words) 自传. 请描述选择参与短期静修的初衷。(150 字)

Temple wear details 寺服资料:	Height 身高: _____ CM	Waist 腰围: _____ CM	Chest 胸围: _____ CM
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Acknowledgement 个人资料保护法

By signing this application form, you agree that:

- (A) You shall not hold Kong Meng San Phor Kark See Monastery (KMSPKS) liable for any damage sustained to body, life and/or property or damages incurred howsoever caused arising (in contract, torts or otherwise) from your participation in the Short-term Retreat at KMSPKS.
 在参加光明山普觉禅寺短期静修时, 若有发生任何对人身、生命、财产, 有所伤害或损失的事故, 您同意主办单位恕不承担任何责任。
- (B) Kong Meng San Phor Kark See Monastery may collect, use and disclose your personal data, as provided in this application form, or obtained by our organisation as a result of your application, for the following purposes in accordance with the Personal Data Protection Act (No. 26 of 2012) of Singapore and our privacy policy (available at our web site kmspks.org/privacy/):
- (a) The processing of this application; and
 (b) The administration of the application with our organisation.

Please visit our website at kmspks.org/privacy/ for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

通过签署此申请表格, 您同意光明山普觉禅寺可能会根据新加坡《个人资料保护法》(2012 年第 26 条例) 和我们的隐私政策 (请至本寺网站 kmspks.org/privacy/ 了解详情), 收集、使用和披露您在此申请表格中提供的个人资料, 或因您的申请而由本寺获取的个人资料, 用于以下目的:

- (a) 处理此申请; 以及
 (b) 管理于本寺的任何申请。

请浏览我们网站 kmspks.org/privacy/ 了解有关本寺数据保护政策的更多详情，其中包括您如何访问和更正您的个人资料，或撤回同意收集、使用或披露您的个人资料权限。

Name of Applicant
申请者姓名

Signature of Applicant
申请者签名

Date
日期