



Application Form

กรุณาติดรูปของท่าน

Please put your
photo

I. Personal Details

Full name: _____.

Nickname: _____ . Gender: Male Female

Weight: _____ Kg Height: _____ cm

Date of Birth: _____.

Place of Birth: _____ . Nationality: _____.

Marital status: single married divorced widowed

How many children do you have? _____.

Current address:

Street: _____ District: _____

Town: _____ Province: _____

Post code: _____ Country: _____

Telephone number: _____

Email address: _____

II. Your Family

Father's full name: _____.

Date of Birth: _____ Profession: _____.

Mother's full name: _____.

Date of Birth: _____ Profession: _____.

How many siblings do you have? _____.

III. Personal Background

Level of Education: _____ . Language Spoken: _____ .

Occupation: _____ .

Hobby: _____ .

Where have you practiced until now? Please indicate the name and address of the practice center.

Have you received the 5MTs ?

Yes

No

If you have practiced in Plum Village tradition, please fill in this table.

ศีลที่ได้รับ Precept	วัน เดือน ปี D / M / Y	สถานที่ได้รับศีล Place	ผู้มอบศีล Teacher	ชื่อทำนองธรรม Dharma name
ข้ออบรมสติห้าประการ 5 Mindfulness Training				
ศีล 14 Order of Interbeing Precept				

IV. Health Status

Do you have any Physical disabilities?

Yes

No

If yes, please indicate: _____.

Do you have any chronic diseases?

Yes

No

(Diabetes, Hypertension, Depression, COPD...)

If yes, please indicate: _____.

Do you have any infectious diseases? Yes No
(Hepatitis B, Hepatitis C, Tuberculosis, Urinary Tract Infection...)
If yes, please indicate: _____.

Have you been tested HIV positive? Yes No

Have you been tested positive for Covid-19 during the past 3 months? Yes No

Have you taken at least two doses of Covid-19 vaccination? Yes No

- Please attach a copy of your vaccination certificate and your current health check result in english (within 3 months) along with this form.

V. Other Information

Have you committed a criminal offense? Yes No

Are you in debt? Yes No

VI. Emergency Contact

Full name: _____.

How does this person relate to you? _____.

Address: _____.

Telephone number: _____.

Email: _____.

Official Use only:

Date application received: _____.

Date candidate arrived in monastery: _____.

Signature: _____.

Candidate's signature:

Date: _____

Essay about your family background

Please write down on this page any information relating to your family situation, sibling, and upbringing such as relationship with your family. (maximum two pages)

Aspiration Letter

Please write down your aspiration to ordain as a monastic. What motivate you to participate in this program? (maximum one page)