



## Application Form

กรุณาติดรูปของท่าน

Please put your  
photo

### I. Personal Details

Full name: \_\_\_\_\_.

Nickname: \_\_\_\_\_. Gender: Male ☐ Female ☐

Weight: \_\_\_\_\_ Kg      Height: \_\_\_\_\_ cm      Age: \_\_\_\_\_

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.

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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	สถานที่ได้รับ Place	ผู้มอบศีล Teacher	ชื่อทางธรรม Dharma name
ข้ออบรมสติห้าประการ 5 Mindfulness Training				
ศีล14 Order of Interbeing Precept				

### IV. Health Status

Do you have any Physical disabilities?

Yes ☐

No ☐

If yes, please indicate: \_\_\_\_\_.

Do you have any difficulties in participating Sangha service such as back pain, allergy, etc. ?

Yes ☐

No ☐

If yes, please indicate: \_\_\_\_\_.

Do you have any chronic diseases?

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

Yes ☐

No ☐

If yes, please indicate: \_\_\_\_\_.

Do you have any infectious diseases?  
(Hepatitis B, Hepatitis C, Tuberculosis, Urinary Tract Infection...)  
If yes, please indicate: \_\_\_\_\_.

Yes ☐ No ☐

Have you been tested HIV positive?

Yes ☐ No ☐

Have you had any symptoms that you have been affected  
from past Covid 19 infection? Long Covid?

If yes, please indicate: \_\_\_\_\_.

Yes ☐ No ☐

Do you have any specific diets?

If yes, please indicate: \_\_\_\_\_.

Yes ☐ No ☐

\*Please attach a copy of 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)*