



BODHI TREE FOREST MONASTERY & COMMUNITY ACCESS RETREAT CENTRE

RETREATANT PERSONAL DETAILS

(All information is strictly confidential)

Applying For Retreat Dates: _____

With Teacher: _____

Name	Address		
Town/Suburb	State	Postcode	
Home Phone	Occupation		
Work Phone	Email		
Mobile Phone	Birth year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Do you understand English well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nationality
In case of emergency, please contact: Name:			
Relationship:	Mobile:	Home:	

Have you previously attended a course at Bodhi Tree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please give details:		

How did you find out about us?

Friend **Newsletter** **Buddhanet** **Buddhist Organisation** **Phonebook** **Poster/Flyer**

On completion of the course we would like to add your details to our database, so we can **email** you our newsletter. No information will be given to third parties, and no information whatsoever would ever be shared or used for commercial purposes with any commercial organisations.

Do you wish to be added to our emailing list? **Yes** **No**

INFORMATION FOR THE TEACHER

(All information is strictly confidential)

The information requested here helps your teacher to better understand your background and any difficulties you might encounter during the course.

1. What experience do you have of *vipassanā* (insight) meditation in the Mahāsi tradition, or the broader Theravāda tradition? Who were your teachers?

2. Do you practise any other kind of meditation? If so, what kind, and for how long have you practised it? How long do you sit for?

3. Do you have any physical or psychological problems that may be aggravated by intensive sitting and walking meditation, or in any other way interfere with your ability to participate in this course? If so, please give details.

4. Are you currently seeing a psychologist/psychiatrist? *Yes* *No*
If so, do they approve of your participation in this course? *Yes* *No*
Are you currently using any medication? *Yes* *No*

(Approval must be sought from your psychologist/psychiatrist to attend a Vipassanā retreat. Meditators with depression for example can often find Vipassana retreats can assist with their recovery, while in a small number of cases such as schizophrenia, Vipassanā retreats are usually not recommended – please check with your Doctor and obtain the relevant approval first).

Psychologist/Psychiatrist's Name: _____

Contact Phone Number: _____

5. Are there currently circumstances in your life that may make meditation difficult for you at this time (for example, job stress, family difficulties or relationship loss)?



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COURSE CONTRACT

I have read the course information sheet and I agree to make a commitment to attend the *whole* course, keep the training precepts, maintain silence and commit myself fully to the practice of meditation, as instructed by the course teacher.

I have read the list of items of what to bring and agree the centre will not provide these items for yogis (i.e. please bring your own).

I also accept, that the Bodhi Tree Forest Monastery and Retreat Centre has only shortly been established and is at present restricted in the scope of activities that can function under the limited public liability policy it currently has, and as such, I take full responsibility for my own actions and agree to indemnify the Buddha Dhamma Education Association in full should an accident or personal injury occur during my stay at Bodhi Tree Forest Monastery and Retreat Centre.

Signature

Date