

## 佛光山非洲佛學院

## AFRICAN BUDDHIST SEMINARY

Registration Number of Company: 2000 / 006677 / 08 (Section 21)

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## **NOVICE APPLICATION FORM**

ABS-LINJI-REC-002

## PLEASE SUBMIT THIS APPLICATION FORM TO US TOGETHER WITH:

- BRIEF MOTIVATIONAL LETTER;
- YOUR RECENT PASSPORT-SIZE HEAD & SHOULDER PHOTO, PASTED TO THE BOX SPACE BELOW;
- CERTIFIED COPY OF YOUR HIGHEST EDUCATIONAL CERTIFICATE;
- CURRENT CURRICULUM VITAE & ANY CHARACTER REFERENCES.

	Title	First Name/s					
PASTE YOUR RECENT PASSPORT-SIZE PHOTO HERE (HEAD & SHOULDER ONLY)	Surname	SurnameAge					
	Country of Birth	Country of Birth Date of Birth					
	Marital Status	RSA ID No					
	Gender	Height	cm Weig	ghtkg			
	Number, Gender & Age of G	Children					
Current Residential Address							
City	Country		Postal Code				
Postal Address							
City	Country		Postal Code				
Home Tel. No ( )	Fax No (	)	Work. Tel. No (	)			
Cell Phone	Email Address	3					
What is your religion?	Н	ighest Educational Stand	dard Obtained				
School	Address		From	То			
College	Address		From	То			
University	Address		.From	То			
Home LanguageOther Languages Spoken / Written							
	FOREIGN APP	LICANTS ONLY					
		Passport Number Passport Expiry Date RSA Visa Expiry Date					

<b>Current Employn</b>	nent: Company Na	me				
Address						
Position:			From		Го	
YOUR FAMILY	CONTACTS					
	Father	•	Mother		Oldest S	ibling
First Name						
Surname						
Home Address						
Home Tel. No						
Occupation						
<b>Business Name</b>						
Work Address						
Work Tel. No						
Cellphone No						
Please list any spor	rt, religious, or char	ritable/comm	nunity organizations tha	at you belong t	to:	
		•••••	cohol?YES / NO			YES / NO
-					Ü	
	•••••	•••••				• • • • • • • • • • • • • • • • • • • •
Have you ever bee	en treated for any	substance a	buse or addiction?			YES / NO
Please describe bri	efly your state of he	ealth, i.e. any	y past or present physic	cal and /or mer	ntal illness	

Are you currently taking any medication, prescription drugs, or any medical treatment?	YES / NO
If YES, for what condition?	
Have you ever been convicted of any criminal offence?	YES / NO
If YES, please specify	
Where & when did you first hear about ABS?	
Please list here your previous theological studies and training courses, or some important bool	ks you read on
religion or meditation:	
List your knowledge of Chinese, or practical experience (if any) in meditation, Martial Arts, T	`ai Chi:
Please describe very briefly your current life: what are your current living arrangements?	
What are your greatest achievements so far?	
What else do you want to gain from or achieve in life?	
Do you have any medical, accident or life insurance now?	YES / NO
If YES, what are you planning to do with it if you are accepted at ABS?	
Do you think you are sufficiently motivated, interested, willing & able to:	
• Study such subjects as Buddhism and Chinese Language?	YES / NO
• Sit cross-legged on a floor cushion for meditation?	YES / NO
• Do some chores and physical labor daily?	YES / NO
• Eat only vegetarian food (no meat or eggs)?	YES / NO
• Obey the Seminary rules and Buddhist precepts, which include no killing, no stealing,	YES / NO
no lying; abstinence from smoking, drinking alcohol, taking drugs and having sex?	YES / NO
• Not fight, dance, gamble, and keep pets?	YES / NO

If you foresee any problems in	or have concerns abo	out these areas please list there	n below:		
References:					
	514.11	Tel / Cell Numbers /			
Name & Surname	Relationship	Email Address	Home Address		
Please add here any questions & comments you may have:					
	-				
Applicant's Signature Date					
FOR OFFICE USE ONLY					
Interviewer's Comments:					
Interviewer's Signature		Date			
Management Community					
<b>Management Comments:</b>					
Management Signature		Date			