



內觀課程 Vipassana Meditation Course

通訊地址:
Address:
電話 Tel:

傳真 Fax:

電子郵件 Email:

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課程報名表 APPLICATION FORM FOR COURSE

由 From: _____ 至 To: _____

課程報名，請填妥此表寄回上列地址，等候通知。請完整回答所有問題。這份資料絕對保密。

To apply for a place in the course, please complete this form, return it to the above address, and await acceptance. Please answer all questions fully. This information will be kept strictly confidential.

中文姓名 Chinese Name (in Chinese): 英文姓名 Chinese Name (in English): Western Name: 電子郵件 E-mail Address:		住宅電話 Home Tel : 辦公電話 Work Tel : 流/行動電話 Mobile Tel : 傳真 Fax :	
住址 Home Address: 郵區號碼 Postcode:		年齡 Age: _____ 性別 Gender: 男 M <input type="checkbox"/> / 女 F <input type="checkbox"/> 出生日期 : 日 Day ____ 月 Month ____ 年 Yr ____ Date of Birth :	
國籍 Nationality:	身份証/護照號碼 IC/ID/Passport No:	職業 Occupation:	學歷 Education:
您聽得懂英文嗎? Is English well understood? 懂 Yes <input type="checkbox"/> / 不懂 No <input type="checkbox"/> 語言: <input type="checkbox"/> 華語/普通話 <input type="checkbox"/> 福建話/台語 <input type="checkbox"/> 廣東話 <input type="checkbox"/> 其它(請列出): Language: Mandarin/Putonghua Hokkien/Taiwanese Cantonese Others (specify):			
有沒有家庭成員或朋友一起參加今次這一個課程? Will a friend or family member be taking this course as well? 有 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 如有, 請填寫姓名/關係 If yes, name(s) / Relationship:			
您參加過葛印卡老師或由他指派的助理老師所指導的課程嗎? 有 <input type="checkbox"/> / 否 <input type="checkbox"/> 。 Have you previously attended a course with S.N. Goenka or any of his assistant teachers? Yes <input type="checkbox"/> No <input type="checkbox"/> 如有, 請詳述。If yes, please give details: 日期 Date 地點 Location 老師 Teacher(s) 第一次課程 First Course _____ 最近一次課程 Most Recent Full Course (Sat) _____ 曾參加十日課程次數 Total Number of 10-Day Courses : 全程學生 Sat Full Time _____ 全程法工 Served Full Time _____ 參加過的其他課程(請詳述) Other Courses Sat (specify): _____ 服務過的其他課程(請詳述) Other Courses Served (specify): _____			
新生 New Students: 1. 您有學習過任何靜坐或禪修方法, 接受過心理諮商療程或身心靈修療法的經驗嗎? 有 <input type="checkbox"/> / 無 <input type="checkbox"/> Have you had any previous experience with meditation techniques, therapies or healing practices? Yes <input type="checkbox"/> No <input type="checkbox"/> a. 如有, 請詳述。If yes, please give details. b. 您是否教授靜坐/禪修療法或替他人治療? 有 <input type="checkbox"/> / 無 <input type="checkbox"/> 如有, 請詳述。Do you teach or practice on others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details. 2. 您如何得知內觀, 或是誰向您介紹的? How did you learn about Vipassana, or who introduced you to this course?			
舊生 Old Students: 1. 從上次參加葛印卡老師或其助理老師所指導的課程之後, 您有沒有練習過其它的靜坐/禪修方法 (包括其它內觀法) 或心理諮商療程或身心靈修療法? 有 <input type="checkbox"/> / 無 <input type="checkbox"/> 。如有, 請詳述。 Have you practiced any other meditation techniques (including other types of Vipassana) or therapeutic or healing techniques since your last course with S.N. Goenka or his assistant teachers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details. 您是否教授靜坐/禪修療法或替他人治療? 有 <input type="checkbox"/> / 無 <input type="checkbox"/> 如有, 請詳述。Do you teach or practice on others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details.			
2. 從上次參加十日課程之後, 您有無繼續練習葛印卡老師所教之內觀方法? 有 <input type="checkbox"/> / 無 <input type="checkbox"/> 請詳述。 每週 _____ 小時 Have you maintained your practice of Vipassana meditation since your last course? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details. Number of hours : _____ per week		3. 如有需要, 您可以提早報到幫忙嗎? 請在框框中打√。可以 <input type="checkbox"/> Check here if you can come early to help with set-up if needed: <input type="checkbox"/> 4. 如有需要, 您願意擔任課程法工嗎? 請在框框中打√。可以 <input type="checkbox"/> Check here if you would be willing to serve this course should the need arise: <input type="checkbox"/>	
5. 如果您無法全程參加, 請說明到達日期及時間: _____ 離開日期及時間: _____ If you are not attending the entire course, please give your date and hour of arrival: _____ and departure: _____			

新生與舊生 New and old students :

您有沒有任何身體上的健康問題或疾病? 無 / 有 。

Do you have any physical health problems, medical conditions or diseases? No Yes

如有，請詳述（日期，症狀，已病多久、治療情形，現在狀況）。

If yes, please give details (dates, symptoms, duration, treatment, present condition).

現在或過去,您有沒有精神(心理)方面的問題呢? 如明顯沮喪或焦躁、惶恐、極度沮喪或人格分裂等? 無/ 有 。

Do you have, or have you ever had, any mental health problems e.g. significant depression or anxiety, panic attacks, manic depression, schizophrenia, etc.? No Yes

如有，請詳述（日期、症狀、已病多久、入院、治療情形、現在狀況）。

If yes, please give details (dates, symptoms, duration, hospitalization, treatment, present condition).

您現在或最近兩年內有沒有服用過醫生處方的藥品? 無 / 有 。

Are you now taking, or have you taken within the past two years, any prescribed medication? No Yes

如有，請詳述（日期，藥名，劑量，目前服用情形）。

If yes, please give details (dates, types, dosage, present use).

您現在或最近兩年內有沒有服食任何酒類或毒品，如大麻，安非他命，巴比妥鹽，古苟鹼，海洛因，或其他麻醉品等? 無 / 有 。

Are you now taking, or have you taken within the past two years, any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? No Yes

如有，請詳述（日期，種類，吸食量，上癮情況，治療方法，目前服用情況）。

If yes, please give details (dates, types, amounts, addictions, treatment, present use).

本人已詳細閱讀且充分了解《內觀簡介及課程的行為規範》小冊中所述的行為規範。本人同意在課程進行期間待在內觀課程地點的範圍之內並遵守所有規定。本人了解內觀課程是一個嚴格的訓練，要接受這個訓練需要具備健全的身心狀況，本人保證自己能夠承擔此一訓練。本人在此聲明，盡我所知，以上所填寫的資料是真實的。

I acknowledge that I have carefully read and understood the Code of Discipline for the course (in the pamphlet Introduction to the Technique and Code of Discipline for Meditation Courses). I agree to stay on the course site and to abide by all the rules and regulations for the duration of the course. I realize that a Vipassana meditation course is a serious undertaking that will require my full mental and physical health and I affirm that I am fit to participate in it. I hereby certify that the above information is true to the best of my knowledge.

簽名 Signature:

日期 Date: