

***Application form***

***2-day Workshop or 5-day Workshop & Retreat***

***Led by*** [***Gilbert Gutierrez***](https://chanmindwork.com/#aboutgilbert)

***@ St Paul’s Retreat Centre, 11 Norton Lane, Wantirna South, 3152***

**Choose Event 1** 🗆 **or Event 2** 🗆

*This training and practice are suitable for beginners as well as experienced practitioners.*

***Donations are appreciated****to help support the Buddhist Council of Victoria for these and future events.*

1. Workshop only (2 Days), 23 & 24 July 2025, 9:30am to 5pm

*Suggested donation:*

🗆Base: $140 (lunch and morning & afternoon teas included)

🗆Benefactor: Any amount above base (please show your donation amount here $ )

1. Workshop & Retreat (5 Days)

Date &Time: Workshop- 23 & 24 July 2025, 9:30am to 5pm

Retreat- 9am 25 July 2025 to 4:30pm 27 July 2025 (live-in)

(The workshop is a pre-requisite for the retreat).

*Suggested donation:*

🗆Base: $495 (include twin share accommodation and meals for the Retreat)

🗆Benefactor: Any amount above base (please show your donation amount here $ )

Complete and return this application form to *events@bcv.org.au* before the closing date, 16 July 2025 **(Note:** We may not be able to accept all applicants due to limited accommodation places).

You will be advised what to bring to the event once your application is successful.

Meditation can be physically and mentally demanding. If you have not done any meditation recently and have any health issues (e.g., blood pressure, diabetes, heart conditions, insomnia, depression, gastro-enteric disease, emotional or psychological symptoms, etc., you should discuss it with your doctor before applying. If you have any health issues, please complete the medical information form on page 4.

*All information provided will be kept confidential. We will not disclose your personal information to a third party without your consent, unless we are required or authorised to do so by law or other regulation.*

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| 1. Applicant Information | | | | |
| Name (Mr/Mrs/Ms): (Given Name) (Last Name) | | | Female □ Male □ | |
| Date of birth (dd/mm/yyyy): | | Email address: | | |
| Current address: | | | Postcode | |
| Telephone: ( ) | | Mobile Phone: | | |
| The events will be conducted in English. Chinese translation may be available. | | | | |
| 1. EMERGENCY CONTACT | | | | |
| Full Name: | | Relationship to you: | | |
| Phone No: ( ) | | Mobile No: | | |
| 1. Meditation Experience | | |
| Have you attended any meditation classes before? | □ No □ Yes □ | |
| If yes, please provide details of your meditation experience, such as the method (e.g., Chan/Theravada/Tibetan), the length of time you have been practising meditation, and the regularity? |  | |
| **Note : We will try to accommodate your needs but we may not always be able to do so.** | | |
| Any special dietary requirements? May involve a surcharge of $17 | □ No □ Yes □  If Yes, please specify ………………………… | |
| Do you require a chair for meditation? | □ No □ Yes □ | |
|  | | |
| 1. MEDICAL INFORMATION   If applicable, please complete the medical information form on page 4.  Participants are responsible for their own health issues. BCV is not responsible for any health issues during the retreat and resulting from participation in the retreat. | | | | |
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**To ensure that the retreat runs smoothly and is a rewarding experience, we ask that you note and observe the following conditions:**

1. During the retreat, you are expected to observe noble silence and follow the schedule as outlined by Gilbert, the Chan teacher. To maximize the benefits from the retreat, please avoid unnecessary talking, and do not use mobile phones and emails during the retreat. All mobile phones must be turned off.
2. BCV would like to provide a clean environment, and you are required to assist in keeping the place clean and tidy.

# There is complete segregation of men and women. Couples should not contact each other in any way during the retreat. The same applies to friends, or members of the same family.

1. You are asked to ensure that your behaviour and conduct during the retreat will not cause any nuisance, damage or injury to other participants.
2. BCV will not be responsible for damage or loss of any personal belongings. Please leave your valuables at home. Participants must safeguard their own personal belongings.
3. BCV and the volunteers will not be responsible for the behaviour or conduct of participants of the retreat, nor will they be held liable for any injuries, damages or claims of any kind.

**Declaration** **and Waiver of Liability**:

1. I have read and agreed to abide by the above conditions.
2. All the information I have provided is correct and complete.
3. I am responsible for my own health issues, including, but not limited to, diet, medication, allergies, mental or physical illness, etc, during the retreat, and resulting from participation in the retreat.
4. I also relieve BCV and the organisers of the retreat from all liabilities in the event of any loss, damages, injury or illness incurred while participating in the retreat.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details for donation:**

**Banking details**

Commonwealth Bank of Australia

Account Name: Buddhist Council of Victoria

BSB 063 806

Account No 10044200

Please ensure that your donation is clearly identifiable by including your **name** and the **event** (e.g. **WRKSHP** for 2-Day event, **RTREAT** for 5-Day event)

Donations by other methods :

Email [events@bcv.org.au](mailto:events@bcv.org.au) or message (SMS) Sim 0422772338

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**If you have any health issues, please complete the Medical Information on page 4.**

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| --- | --- |
| 1. MEDICAL INFORMATION   The information provided here will be kept strictly confidential. Answers to these questions are necessary to help determine whether or not participation on a retreat will aggravate a serious physical condition or endanger a participant’s health. Therefore, it is extremely important that all information be complete, current, specific, and clearly stated**.** | |
| 1. Do you have or ever had back or leg ailments? | □ No □ Yes |
| 1. Have you ever been treated for serious emotional or psychological symptoms? | □ No □ Yes |
| 1. Do you have any serious infectious diseases, blood pressure, heart problems or symptoms (e.g., headache, dizziness, palpitation, shortness of breath) associated with the condition? | □ No □ Yes |
| 1. Have you ever had a serious operation? | □ No □ Yes |
| 1. Do you have any allergies or dietary restrictions or need for special meals? | □ No □ Yes |
| 1. Are you on any medication for your condition? | □ No □ Yes |
| 1. Are any of the above problems aggravated under stress? | □ No □ Yes |
| 1. Any other health issues we should be aware of? If YES please specify……………………………………….. | □ No □ Yes |
| If your answer to any of the above questions is yes, please state the nature of problem, your recent experience of the condition, and current status of your health.  :…………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………… | |
| In the event of any re-occurrence of your condition, please provide instructions and contact details of your medical practitioner (if deemed necessary)/emergency contact:  ………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… | |

**Event Contact Details**

Mobile: 0422772338 (SMS please)

 Email address: events@bcv.org.au