



Novice Ordination Application Form

THE BUDDHAPADIPA TEMPLE

14 CALONNE ROAD WIMBLEDON LONDON SW19 5HJ

Tel: 020-8943 1657 / Fax: 020-8944 5788

www.watbuddhapadipa.org

General details:

MrSurname.....

Date of birth.....Nationality.....

Address:

.....Postcode.....

Tel No.....E-mail.....

Name & Telephone of someone we can contact in case of emergency:

.....Tel No.....E-mail.....

Is this your first time to be ordained as a novice monk? Yes No

If no, please give details of your previous ordinations:

1) year 2) year

Is there any additional information you would like to convey to the teachers?

Please give details if you are allergic to any kind of food:

I would like to join in the novice ordination for 7 days at the Buddhapadipa Temple. I will conscientiously practice the rules for a novice and will complete the course.

I agree to take full responsibility for myself during this training course. I understand that all notices need to observe the practice guidelines and that the training course at the Buddhapadipa Temple is undertaken and continued with the agreement of the teachers.

Applicant Signature and Date



Parental Consent Form

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I give my full approval for Mr.to ordain as novice for 7 days at the Buddhapadipa Temple, 14 Calonne Road, Wimbledon, London SW19 5HJ.

Relationship: Father Mother Guardian

Name (in Capital letter)

Signature.....

Tel NoMob.....

Email.....

Address

.....

..... Post Code:

Reference:

I have known Mr. Age:
for years and support his wish to be ordained as a novice monk, which I believe will help his understanding.

Signature.....

Name (in Capital)

Date.....