

Education Programme Application Form

Please use BLOCK LETTERS to complete the form. All sections must be completed. Incomplete applications will not be accepted.

Personal Details

(As it appears on your passport/driver's licence or other official ID)

Family Name	<input type="text"/>	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name	<input type="text"/>		<input type="checkbox"/> Other _____ (please specify)
Middle Name(s)	<input type="text"/>	Date of Birth	<input type="text"/>
NRIC/Passport No.	<input type="text"/>	Nationality	<input type="text"/>
Permanent Address	<input type="text"/>	Mailing Address (if different from permanent address)	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Are you a Kechara member? Yes No Membership Number _____ (please specify)

Course(s) Applied For

Programme Title	<input type="text"/>	Intake Year	<input type="text"/>	Month	<input type="text"/>
Programme Title	<input type="text"/>	Intake Year	<input type="text"/>	Month	<input type="text"/>
Programme Title	<input type="text"/>	Intake Year	<input type="text"/>	Month	<input type="text"/>

Previous Courses

Please list any previous Buddhist courses you may have taken in chronological order with the most recent first. Attach copies of certificates where appropriate. If you have taken other classes with Kechara, please list them as well.

Course Name	Dates (start - end)	Grade (if applicable)	Remarks

Fee Payment

Please provide details of how you intend to pay your course fees.

Are you

- Self funded
- Sponsored by employer _____ (please specify)
- Sponsored by other _____ (please specify)

Method of Payment

- Cash Cheque Bank Transfer Credit Card Other _____ (please specify)

(*Please attach proof of payment)

Medical Conditions/Special Needs

Please let us know if you have any disabilities/medical conditions which may require special arrangements. We also encourage you to disclose any allergies that could impact your experience in Kechara Forest Retreat.

Contact and Emergency Information

Contact 1	Family Name	<input type="text"/>	Telephone	<input type="text"/>
	First Name	<input type="text"/>	Relationship	<input type="text"/>
Contact 2	Family Name	<input type="text"/>	Telephone	<input type="text"/>
	First Name	<input type="text"/>	Relationship	<input type="text"/>

Employment Information

Are you currently Working Not working Retired

If working

Organisation Name	<input type="text"/>	Position	<input type="text"/>
Office Address	<input type="text"/>		
Postcode	<input type="text"/>		
Country	<input type="text"/>		

Profession (Please tick all applicable boxes)

- | | | | |
|-----------------------------------------------|--------------------------------------|----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Accounting/Insurance | <input type="checkbox"/> Education | <input type="checkbox"/> Law | <input type="checkbox"/> Police |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Energy | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Armed forces | <input type="checkbox"/> Engineering | <input type="checkbox"/> Marketing | <input type="checkbox"/> Trading |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Government | <input type="checkbox"/> Media | <input type="checkbox"/> Travel and Hospitality |
| <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Medicine | <input type="checkbox"/> Other _____ (please specify) |
| <input type="checkbox"/> Construction | <input type="checkbox"/> IT/Telecom | <input type="checkbox"/> NGO | |

Declaration

Any statements on this form which prove to be untrue or purposely misleading will render the application void. If inaccuracies are highlighted at a later stage, we retain the right to retract any offer made or expel the student with no refund of fees.

I have read and accept the policies, terms and conditions of admission into Kechara's education program and full financial responsibility therein. I understand that if space is available I will be registered in course(s) as indicated above.

If applicable, I accept and grant permission for my sponsor to be informed of any relevant information relating to the progression of my programme, including any record of attendance.

I confirm that the information given on this form is true, complete and accurate. No information requested or other material has been omitted. I hereby consent to the collection, usage and/or disclosure of my personal data by the Kechara Group in accordance with the Personal Data Protection Policy Statement which can be accessed at kechara.com.

Signed _____

Date _____

Marketing Monitoring

Please indicate how you heard about Kechara's Education Programme

- Kechara website Flyer/Poster Internet search Facebook/Social Media Other _____ (please specify)
- Newspaper/Magazine Word of mouth Email SMS/Whatsapp

Checklist

- NRIC/Passport copy
 Academic certificates
 Proof of payment

Please return this completed form to experience@kechara.com

Course fees should be paid to:
• Payee name: Kechara House
• Bank account: CIMB 800-373-1474

Please quote project code KH0083
when making payment

For office use only

Application Status Accepted Rejected Incomplete

Payment Status Invoice No. _____

Receipt No. _____

Remarks