

Queensland Sangha Association Inc

BUDDHIST CHAPLAINCY SERVICES BOARD

APPLICATION FOR REGISTRATION AS A BUDDHIST CHAPLAIN

(If space is insufficient please expand, write on the opposite side or attach additional papers)

PERSONAL INFORMATION

Name (with title such as Mr. Mrs., Reverend, Venerable etc)

Age

Sex (F, or M)

Residential address

Postal address (if different)

Telephone: Work

Home

Mobile

Fax

Email

Buddhist Centre

QUALIFICATIONS

Highest level completed in secondary school

Tertiary Certificates and diplomas awarded

Basic degrees

Higher degrees

Professional qualifications (with date and name of institution)

Membership in professional associations

Other types of training

WORK HISTORY (beginning with current employment)

EXPERIENCE IN CHAPLAINCY, PSYCHOTHERAPY AND COUNSELLING

Include approximate durations. Include any type of clinical work done.

ANY OTHER RELEVANT INFORMATION

REFEREE (name, position, telephone or email)

I agree to abide by the rules and policies of the Queensland Sangha Association Inc (QSA). I am aware that QSA does not have any type of insurance policy. I declare that the Queensland Sangha Association Inc has not promised work or any other benefit resulting from this registration. I indemnify the QSA and all its paid and volunteer workers from any liability arising in connection with my practice as a Buddhist Chaplain.

SIGNATURE AND DATE