

**Application for sesshin ..... / ..... - ..... / ..... year .....**

Anyone who applies must be aware of that sesshin is an intensive period of practice that includes 10-12 hours of zazen per day.

Name ..... Date of birth .....  
Mailing address .....  
Zip code ..... City ..... Country .....  
Phone number (home)..... (work) .....  
E-mail .....

Please answer all questions in detail, including those relating to medical problems, as this information is used in making sesshin decisions.

Are you a member of Zenbuddhistiska Samfundet? ..... Trial member .....

Have you participated in any sesshin before? .....

When were the last time you participated in a sesshin? .....

Do you have a personal teacher? ..... If so, who? .....

**The fee for sesshin is 350 SEK/day for members (1400 SEK for four days and 2450 SEK for seven days) and 600SEK/day for non-members (2400SEK for four days and 4200SEK for 7 days) which should be paid by the last day of application, at the latest.**

Enclose a photograph if you have not been to sesshin before.

Decision about your application will be sent to you by mail or e-mail five days before sesshin starts. If you have to know about it earlier, please contact the first zendoleader at Zengården.

## Medical information

Please answer the following questions in detail, regardless of if you have done so for a previous session. If necessary, use a securely attached additional sheet of paper, putting the question number in front of each answer.

The purpose of this medical information is to help determine whether attendance at session will in any way aggravate a serious physical or mental problem, endanger an applicant's health, or affect the smooth functioning of session. For this reason it is extremely important that all information be current, specific, and clearly stated, in regard to both active and inactive conditions. This medical information is solely for the teacher and zendoleaders and will be kept confidential.

1. Have you been treated by a doctor in the past three months? .....  
If so, describe the diagnosis, treatment, what medication you got and for how long you took it, and the date of your last meeting with the doctor.
2. Have you had professional treatment for your back or legs? .....  
When was this treatment? Is it affecting you now, and if so how?
3. Do you have arthritis, rheumatism or neurological problems? .....
4. Have you been in psychotherapy for a period of three months or more? .....  
If so, what were the problems, when did they start, how long did they last and what were the diagnosis, treatment and result?
5. Have you or have you ever had high or low blood pressure? .....  
How does it affect you now?
6. Have you or have you ever had problems with your heart? .....  
What are they and how do they affect you?
7. Have you had any major surgeries? .....  
What kind of surgery was it, when was it and how does it affect you now?
8. List any dietary restriction/requirements that might affect your session, and give some indication of their seriousness. ....  
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9. Do you have any other allergies? .....
10. Do you have any other condition bearing on your physical or mental health, such as current infections, pregnancy, communicable diseases, or headaches? .....
11. Is any of the above conditions aggravated by stress? .....

If you are accepted you have to finish the entire session (or portion of it for which you have applied).

Notify the zendoleaders immediately if there is any change concerning your answers to the questions above after you have submitted your application.

Name ..... Date .....