

A COMPANION'S WAY – THE GLOUCESTERSHIRE INTRODUCTION TO SPIRITUAL DIRECTION COURSE

February 2024- December 2025 - APPLICATION FORM

**optional*

Full name:	Rev/Mr/Mrs/Ms*:
Address:	
	Postcode:
Telephone number:	Email:
Church:	
Denomination:	Date of birth*:
Occupation:	
<p>Please explain briefly any experience you might have had of Spiritual Direction?</p> <p>a) Giving</p> <p>b) Receiving</p>	
<p>What makes you feel this Course might be appropriate for you and what would you hope to gain from it? <i>Write as fully as you can on a separate sheet.</i></p>	
<p>Name, address, email and telephone number of someone who would write about your present involvement in listening to another and/or accompanying them on their faith journey. This should be either your priest/minister or a 'faith friend' of some years' standing.</p>	
<p>Are you or have you been in therapy/counselling in the last 5 years?</p>	
<p>Are you on any medication at present? If so, for what?</p>	
<p>Have you taken any courses/ workshops that you feel are relevant to this application? (eg Theology, Counselling, Spirituality, Myers Briggs, Enneagram)</p>	

COMMITMENT: Please note the Course dates attached. Are you able to protect these dates?
YES/NO

Signed:

Date:

All of the information you provide will be confidential to the Tutor Team except your name, address and telephone number which will be stored on the administrator's personal computer. It will only be used for producing course documentation and will not be passed on to anyone beyond the Tutor Team. If you would prefer your details not to be recorded in this way, please let us know.

Note also that course teaching and group meeting will be delivered using Zoom – which cannot guarantee complete security. Please return the form to Siobhan Smith at companionsway@gmail.com