**TRAINING IN SPIRITUAL DIRECTION 2024-25**

**APPLICATION FORM**

NAME.............................................................................................................

ADDRESS.......................................................................................................

.......................................................................................

POST CODE...........................................................

TELEPHONE…………………………………………

EMAIL……………………………………………………….

\*AGE 20-49 [ ] 50-64 [ ] 65+ [ ]

\*OCCUPATION/VOLUNTARY WORK/MINISTRY ……………………………………………..

\*DENOMINATION (if any) ………………………………………………………….

\* These questions are optional but help us with future planning.

*Please answer the following questions, continuing on a separate sheet if necessary:*

Have you completed Training in Spiritual Conversation? *(please give the dates*)

Have you followed any other courses which are relevant to Spiritual Direction?

Please give details.

Are you receiving spiritual direction in the Ignatian tradition? How do you find the experience?

Have you completed the Ignatian Spiritual Exercises in some recognised form?

Have you ever experienced an individually guided retreat? If so, what type of retreat was it? How did you find the experience?

What gifts and skills do you bring to this course?

What are your main reasons for choosing this course?

What do you hope to gain from this course?

What is your experience of guiding others in prayer, or accompanying people in other ways in their journey of faith? Please give an indication of how many people you have accompanied in the last 3 years.

Names and email addresses of two people who are willing to act as referees if required:

Signed: Date:

**If you have a final evaluation form from the spiritual conversation course or a similar course please attach a copy.**

*Please email your completed form to:*

[*sdcourse@epiphanygroup.org.uk*](mailto:sdcourse@epiphanygroup.org.uk)