

Franciscan International Study Centre
Resident Spiritual Direction Training Programme
Application Form

Given name:

Surname (family name):

Title:

Email address:

Mobile phone number:

Landline telephone number:

Postal address:

Nationality:

Date of Birth:

Occupation:

Religious affiliation:

Do you have a sponsoring organisation? (yes/no)

If yes, please specify:

Are you a member of a religious order or a member of the clergy? (yes/no)

If yes, please specify which order/congregation or diocese:

Highest academic qualification awarded:

Relevant experience:

As speaking, listening and understanding spoken and written English is essential, is English your first language? (yes/no)

If no, what level of English Language qualifications do you have?

If no, are you fluent in the English language but without any academic assessment of your ability?

Do you have any dietary or other special needs such as wheelchair access? (yes/no)

If yes, please specify:

Do you have any other physical, mental or emotional health concerns that might affect your participation in the programme? (yes/no)

If yes, please specify:

Is there any other information about yourself you would like to add?

How did you hear about this programme?

This application must be accompanied by two references. (When judged helpful, the FISC may ask for an additional reference.) If you are a member of a religious order/congregation or a member of the clergy, one of your referees should be the superior/leader of your order/congregation or your

bishop. Please send each of your referees the document *Information for Referees*. Please list below the names of your referees:

Please attach a reflection on the faith and life events which have led you to wish to train as a spiritual director. Please include the most relevant events in your faith formation and vocational life. Also, speak to your experience of either giving or receiving spiritual direction.

The information that you and your referees supply as components of the application process will be treated as strictly confidential and not shared with a third party.

I hereby certify that to the best of my knowledge all the information provided on this form is correct and complete.

Signed:

Date: