

ECUMENICAL SPIRITUAL DIRECTORS' FORMATION PROGRAM

Application Form

(To be returned to Val De Brenni, PO Box 270 Torrensville Plaza SA 5031)

Surname _____

Given names _____

Residential Address _____

Postal Address _____

Phone (Home) _____ (Business) _____

Email _____

Mobile _____

Date of Birth _____

Secondary Education: Name of College _____

Tertiary: Name of University, degree and date _____

Personal Application

In about 1000 words (on separate sheet) please reflect upon: your family context, how you understand your relationship to Church and any previous experience you have had that may develop skills pertinent to Spiritual Direction. Describe your experience of having had a spiritual director yourself and explain why you feel drawn to begin this formation program.

References

You will require two letters of recommendation.

These can be emailed directly to Val De Brenni at val.debrenni@hotmail.com.au

or send hard copy to: PO Box 270 Torrensville Plaza SA 5031

Your signature _____

Date _____