

**FRANCISCAN CENTRE FOR CHRISTIAN SPIRITUALITY
TRAINING COURSE IN SPIRITUAL DIRECTION
APPLICATION FORM**

Please print throughout

| | |
|---|---------------|
| Full name: | Title: |
| Address: | |
| Post code: | |
| Telephone number(s): | |
| Email address: | |
| Date of Birth: | |
| Occupation: | |
| Denomination: | |
| Previous/relevant experience (eg. Spiritual Direction/Retreats): | |
| What do you hope to gain from attending this Course? <i>Please reply on a separate sheet of paper using approximately 250 words</i> | |
| Please give below the names of two persons whom we can contact for references – one of whom should be a member of your Church (not a family member). | |
| Name | Name |
| Address | Address |
| | |
| Please note the course dates given. Are you able to commit yourself to these dates? | |
| YES/NO | |

Signed: Date:

Please return this form by 31 March at the latest to:

Sr. Margaret McGrath FMSJ
Franciscan Centre for Christian Spirituality, Giles Lane, Canterbury, Kent, CT2 7NA
 or email: margaret.m@franciscanccs.org