

Professional Training in Spiritual Direction

Dayspring Centre for Christian Spirituality and Counselling Inc.
68 Waverley Street, Dianella, W.A. 6059

RECOMMENDATION FORM

(Applicant: Please complete top portion.)

Name _____ Date _____

Address _____
Street Suburb State Postcode

Phone _____ Email _____

Dear Friend,

You have been asked to respond to the following recommendation format for the above person who is applying for admission into the spiritual direction program at **Dayspring**. This form has been prepared to assist you in writing your recommendation. Thank you for your interest in the applicant and for your support of spiritual direction formation. YOUR RESPONSE WILL BE KEPT CONFIDENTIAL.

In what way are you acquainted with the applicant and his or her ministry?

What is your personal appraisal of the applicant's gifts, calling, and actual works as a spiritual guide for others? (Please note that "spiritual guide" implies attending specifically to people's prayer life, communion with life, felt relationship with God spiritual experiences, and the like.)

Can you relate any comments from other people regarding the applicant's gifts and abilities as a spiritual guide?

What is your appraisal of the applicant's personal spiritual maturity and practice?

What is your opinion of the applicant's psychological maturity and stability?

**Would you have any hesitation in referring someone to the applicant for spiritual guidance?
Please comment.**