

**APPLICATION FORM**

Name: Date:

Address:

 Street Suburb State P/code

 *Overseas Address:*

 *If applicable*

Phone: Email:

Date of Birth:

Religious Affiliation: Congregation Location:

*Please Tick as appropriate*

 Married Single Ordained Vowed Religious

General Educational Background including Highest level completed

Which program of study are seeking admission to (please indicate)?

 Certificate in Contemplative Spirituality Diploma in Spiritual Direction

 Graduate Certificate in Spirituality Graduate Diploma in Spiritual Direction

 Master in Spiritual Direction

***If you have already enrolled with the UCLT please attach evidence of enrolment.***

The following questions are intended to assist staff in getting to know you in terms of your background, experience, sense of call to this ministry and your expectations of a program such as this. Please complete this on your computer – that way your answers will expand into each section available to it.

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| 1. How did you hear about our Spiritual Direction programs
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| 1. What are you looking for and what do you hope to receive from this program which will assist your growth in the ministry of spiritual direction?
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| 1. Outline your educational background after high school
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| 1. Outline your vocational history as a calling to faith and ministry
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| 1. What has been your experience of receiving spiritual direction? For how long? What in this relationship was most helpful to you?
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| 1. Do you feel “called” to the ministry of spiritual direction? What experiences, *in particular religious experiences,* have attracted you to seek training in spiritual direction at this time?
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| 1. If you are currently serving as a spiritual director, describe the context (parish, charismatic community, ministry formation program, religious community, etc.). How long have you been doing direction? What experiences affirm you in this ministry?
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| 1. If you have not been serving formally as a spiritual director, describe experiences you have had as an informal companion in faith, spiritual counsellor, or “sought-out” listener for other people which encourage you to explore this ministry.
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| 1. With whom and where do you expect to use your learning?
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| 1. What do you feel are the most important qualifications of a spiritual director/guide?
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| 1. Please list all theological, religious, spiritual training you may have had, i.e., courses, workshops, lectures, etc. (Be specific – attach information if insufficient space).
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| 1. What groups or kinds of people would you see yourself serving in this ministry?
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| 1. What particular strengths do you feel you bring to the ministry of Spiritual Direction?
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| 1. In what areas do you feel you most need to grow?
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| 1. Insert a recent photo of yourself into this space.
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On completion of this form, please submit along with the following:

1. A resume of your work and education history and any other information you think might be relevant.
2. A scanned copy of your highest educational award – such as High School Certificate, Cert IV, BTheol
3. A profile of your Spiritual Journey thus far.
4. The names & email contact details of two people who can recommend you to this program of study – *Download the Recommendation Forms, complete your details at the top and the details of each Referee and email it to them.*
	1. *Referee One – Name and phone and email contact*
	2. *Referee Two – Name and phone and email contact*
5. A non-refundable Application Fee of $50 by Direct Credit to BSB 633-000 A/c 151380797 Dayspring

The Dean of Studies, Dr Beth Roberton

Email – Bethr@iinet.net.au

Post – PO Box 78 BASSENDEAN WA 6934