

APPLICATION FORM FOR MEMBERSHIP OF
THE ASSOCIATION OF CHRISTIAN SPIRITUAL DIRECTORS INC

Title:

Name:

Home phone: (0)

Mobile Phone:

Address:

PostCode:

E-mail:

Age: (please Tick)

30-35 ()

46-60 ()

60 + ()

Denomination:

1. Briefly describe your call to the ministry of Spiritual Direction:

2. How long have you been in regular Spiritual Direction?

**3. What experience have you had in offering regular, contracted Spiritual Direction?
(Indicate number of directees and frequency of sessions.)**

4. What form of supervision are you receiving for Spiritual Direction ministry?

**5. What training have you had specifically for Spiritual Direction?
Be specific re courses, course leaders, dates, etc.**

Formal:

Other:

6. Where did you gain your theological and biblical competence?

7. What other courses, e.g. personal development type courses, have you undertaken?

8. What is your experience of making retreats?

9. What is your experience of directing retreats?

10. What other ministry, outreach, formative life experience has shaped you?

11. In what ways do you attend to your ongoing formation as a Spiritual Director?

12. Please give names and addresses of two referees, preferably one your current Spiritual Director, the other your current Supervisor.

Spiritual Director

Supervisor

Name

Email

Phone

Address

Signature of applicant:

Date

Please Return to acsdanz1@gmail.com or PO Box 17727 Sumner 8840 Christchurch
ALSO please also send me copies of any papers/certificates you have to confirm your qualifications and participation in relevant courses:

- SD Formation Programme
- Special training and focus days;
- Theological studies;
- Myers-Briggs Type Indicator, Enneagram, or Dreams Courses?
- Other relevant courses