

APPLICATION FORM

For Full Membership of the Association of Christian Spiritual
Directors Aotearoa New Zealand



Name:

Home phone:

Mobile Phone:

Address:

PostCode:

E-mail:

Denomination:

DATE:

I am applying for Full membership of the Association.

Full membership has greater privileges and assumes a more in-depth experience of supervised Spiritual Direction. In particular my supervisor can confirm I have completed 50 Hours of supervised one to one, contracted practice in Spiritual Direction post-Graduation.

1. Tell us about your your Spiritual Direction practice?
2. How many Spiritual Direction Clients do you have?
3. Do you continue to have spiritual direction yourself? – how often?
4. In what way has Supervision enabled you to grow your understanding and skills?
5. What pathways continue to guide you in your theological and biblical learning?

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

7. What professional development courses have you pursued and what further training are you keen to explore?

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

9. Is there anything else you would like to tell us?

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

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.