

## APPLICATION FORM



### For Associate Membership of the Association of Christian Spiritual Directors Aotearoa New Zealand

Name:

Home phone:

Mobile Phone:

Address:

PostCode:

E-mail:

Denomination:

DATE:

1. Briefly describe why you decided to train as a Spiritual Director
2. What training have you had for Spiritual Direction? Be specific re courses, course leaders, dates, etc.
3. What pathways have guided your theological and biblical learning?
4. What other relevant courses have you undertaken
5. Where do you plan to use this knowledge and experience you have gained.
6. Are you in regular spiritual direction yourself? – how often?
7. Do you have experience in offering regular, contracted Spiritual Direction?  
(Indicate number of directees and frequency of sessions.)

8. If yes: do you have Supervision for your spiritual direction practice

9. Would you like to be listed on our Website as offering Spiritual Direction?

10. Retreats: What is your experience of making retreats or directing retreats?

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

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

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](mailto: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.