APPLICATION FORM

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

5. What pathways continue to guide you in your theological and biblical learning?



Naı	me:	The Place of Connection	
Hoi	me phone:	Mobile Phone:	
Add	dress:	PostCode:	
E-m	ail:		
DA [·]	ΓE:		
	I am applying for Full member	ship 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 and have been an Associate Member for at Least a year.			
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? – h	ow often?	
4.	In what way has Supervision enabled you to grow your u	nderstanding and skills?	

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?
	ase give names and addresses of two referees, preferably one your current Spiritual Director, other your current Supervisor.
	Spiritual Director Supervisor
Naı	me
Em	
Pho	ne