APPLICATION FORM

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

Name:

Home phone: **Mobile Phone:**

Address: **PostCode:**

E-mail:

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 80 Hours of supervised one to one, contracted practice in Spiritual Direction post-Graduation over a period of at least two years.

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.