

**APPLICATION FORM FOR MEMBERSHIP/ASSOCIATE MEMBERSHIP OF THE
ASSOCIATION OF CHRISTIAN SPIRITUAL DIRECTORS (AOTEAROA NEW ZEALAND)**

Name:..... **Telephone:** (0)

Address: **E-mail:**

Age: (please tick) 30-35 () 46-60 () 60+ () years

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 your

Spiritual Director

Supervisor/Pastor

.....

.....

.....

.....

.....

.....

Signature of applicant:

Date: