

**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**

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**Signature of applicant:** .....

**Date:** .....