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# HOLY GROUND SPIRITUAL DIRECTION COURSE

*The aim of the course is to increase the skill and confidence of those who find themselves accompanying others on their spiritual journey, to discover whether the ministry of spiritual direction is for them, to nurture gifts and enhance the ability to undertake this sensitive ministry within the Christian community.*

**APPLICATION FORM**

**Name** Click or tap here to enter text.

**Address** Click or tap here to enter text.

**Email** Click or tap here to enter text.

**Telephone** Click or tap here to enter text.

**Date of Birth** Click or tap here to enter text.

**Present occupation** Click or tap here to enter text.

**Denomination and Local Church** Click or tap here to enter text.

**Brief reasons for wanting to attend the Course** Click or tap here to enter text.

**Do you have a spiritual director? YES  NO**

**If so, for how long?** Click or tap here to enter text.

*It is a requirement of the course that you will have been receiving spiritual direction yourself at least from the time you commence the course, and that you will continue in direction throughout the length of the course. If you do not have a Spiritual Director please let us know, and we can help you to find one.*

**Are you currently alongside others on their spiritual journey? YES  NO**

**If so, please write one or two sentences about this**

Click or tap here to enter text.

**If not, do you see future opportunities to give spiritual direction? YES  NO**

**Have you made any individually guided retreats? YES  NO**

*Five or eight day retreats can be beneficial in the context of this course.*

**Would you consider going on one, alongside the course? YES  NO**

**If you have had any formal training in spiritual direction, retreat work, pastoral care or counselling, please give details**

Click or tap here to enter text.

**Are you currently receiving counselling? YES  NO**

**Please list any short programmes, workshops, or courses that you have attended in spiritual direction, spirituality in general, counselling or theology**

Click or tap here to enter text.

**Please provide any other information that you think would be useful:**

Click or tap here to enter text.

**FAITH HISTORY**

*You are invited to write, approximately one page, about your understanding of spiritual direction and any aspects of your life, work, relationships, prayer and the reality of God for you, which you feel are relevant. (It may help to divide your life into phases, e.g. childhood, adolescence, the middle years). Please also indicate if you have undergone any counselling, psychotherapy, or the like, and what you have gained from this. N.B. This information will be confidential to the person receiving the application, the interviewing team and the course staff.*

**Your Faith History:**

Click or tap here to enter text.

*Applications will be considered when received and responded to as soon as possible. There will be an interview to discuss the appropriateness of the course before membership is finally decided.*

**Signature** *(type your name)* Click or tap here to enter text.

**Date** Click or tap here to enter text.

***Please email your completed application form to Nick Gallant:  
info@spidirnetwork.org.uk***

### REFERENCE

*Please ask someone who knows you well and who has knowledge of the ministry of spiritual direction, to provide a reference for you (see separate form).*