

ST MARY'S TOWERS RETREAT CENTRE

Douglas Park, NSW 2569

APPLICATION FORM LIFE'S HEALING JOURNEY

From / / 20..... To / / 20.....

A CONFIDENTIAL DOCUMENT, which will be seen only by the Director of the Retreat Centre and the Spiritual Director chosen to companion you.

NAME:

[Please include surname and title]

ADDRESS:

..... Post Code:

Date of Birth: Religion:

Telephone No: [] home

Email:

Next of Kin/Contact Person in case of emergency:

Name: Ph.....

Address:

Have you stayed at SMT before? If so, when

I am: Single

Married

A Religious:

[Name of Congregation]

A Priest:

A Priest off the Mission: Since:

REFERENCES: Would you please provide the names and addresses of two people from whom we may obtain references. These should be two people who know you well and who are each competent to have a full reference concerning your suitability for taking part in this Program. One of these referees should be your regular Spiritual Director or Pastor. If you have been receiving psychiatric or counselling help, we like to receive a reference from your Consultant psychiatrist or Therapeutic Counsellor. If you are a Religious and /or Ordained minister would you please also enclose with this application from a letter of support and recommendation from your Major Superior and/or Bishop.

Referee No 1

Referee No 2

Name: Name:

Address: Address:

Email: Email:

Telephone No. Telephone No.

Relationship: Relationship:

Signature: Date:

Application, together with a deposit of \$50.00 (non-refundable) should be sent to:

THE ADMINISTRATOR
St Mary's Towers Retreat Centre
PO Box 19A
DOUGLAS PARK NSW 2569

Enquiries:

Phone: (02) 4630 0233

E-mail: contact@towersretreat.org.au

Website: <http://towersretreat.org.au>

Please state present occupation (including ministry) and previous occupations over the past ten years:

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If you have made an individually Directed Retreat in the last ten years, please state:

Length of Retreat Where Made

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If you have made retreats of healing and/or human development before please state:

Name & Nature of Exercises When Made Where Made

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What is your general level of health?

Please outline any recent/current conditions, treatments, ongoing areas of care or concern, both medical and psychological. List any current medications that you are taking.

If not applicable please tick this box.

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What is it you believe you need to be healed of on this retreat?

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LIFE’S HEALING JOURNEY is a very down-to-earth faith journey. It involves specific focus on one’s actual life. It calls for Scriptural prayer; and invites participation in the church’s sacraments of Reconciliation, Eucharist and the Anointing of the Sick for those who share our faith in them. Some insights from modern psychology especially with regard to the usual stages of human grieving are a part of preparation for these times of prayer and sacramental celebrations.

PLEASE USE A SEPARATE SHEET:

a) To identify the following aspects of your life experience:

- ❖ **Negative experiences during your life.**
- ❖ **Family difficulties (e.g. chronic or prolonged illness - your own or others.)**
- ❖ **Patterns of hardship (e.g. prejudice or poverty etc.)**
- ❖ **Painful relationships (including closure of relationships.)**
- ❖ **Any other**

b) To summarise your faith-life experience:

- ❖ **At home**
- ❖ **At school**
- ❖ **In the rest of your life**