

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:

Please enclose a deposit of \$150 with your Application Form.

Completion of this form does not guarantee a place in this Retreat.

St Mary's Towers Retreat Centre

Douglas Park 2569

Ph.: 02 4630 0233

Email: contact@towersretreat.org.au

APPLICATION FORM A THREE STAGE LIFE'S JOURNEY RETREAT

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.

Full Name & Address:

.....

..... Post Code:

Telephone: Fax:

Email:

Date of Birth: Religion:

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:

Please state present & previous occupations (including ministry) 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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.....
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If you have made retreats of healing and/or human development before please state:

Name & Nature of the 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 write "not applicable" or N/A

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THE APPROACH TO THESE EXERCISES IS AN HOSPITABLE AND GENTLE YET CHALLENGING INVITATION TO LIVE THE NEXT STAGE OF OUR LIVES REALISTICALLY, PEACEFULLY AND FRUITFULLY. IT CALLS FOR A GENEROUS PARTICIPATION.

Do you believe that you have the physical, psychological and spiritual stamina to sustain such a program of prayer in silence?
Do you desire the Lord to challenge you with his Gospel?

THE INFORMATION REQUESTED BELOW IS TO AID US IN SELECTING THOSE APPLICANTS WHO ARE LIKELY TO BENEFIT FROM PARTICIPATING IN THE LIFE'S JOURNEY PROGRAM. THIS EXERCISE IS INTENDED TO BENEFIT YOU TOO, AS YOU FORMULATE AND DESCRIBE THE FAITH-EVENTS AND OTHER SIGNIFICANT EXPERIENCES OF YOUR LIFE, SO AS TO DISPOSE YOURSELF TO A GREATER OPENNESS TO THE LORD. THIS IS ESSENTIAL TO SPIRITUAL GROWTH AND A PROFITABLE RETREAT.

Would you please, after due time and prayer, set down on a separate sheet, your detailed comments on the following?

1. YOUR LIFE

Include whatever you consider significant, eg. Chronic or prolonged sickness (your own or others); the kind of faith-life experienced in your home; education and religious practice; relationship in and outside the family.

2. YOUR VOCATION

You heard God calling you to be single, married, a religious. What form did the call take? Have you been happy in your vocation? How is God continuing to call you in this vocation? Would you describe any significant shifts within your vocation/ any choices to change your vocational life?

3. YOUR PRAYER

Describe how you pray. There is no need to be hesitant if you consider that you haven't been praying at all; just say what it is you find meaningful – Scripture; listening to music; reflecting on the beauties of creation; Eucharist; Spiritual Exercises and so on. Indicate any pattern of prayer, any feelings that God has been about something in your life.

4. NEED OF HEALING

What hurt or hurts do you hope to have the Lord heal in the course of this retreat?