SPIRITUAL DIRECTION TRAINING PROGRAMME 2024 - 2026 (CARMELITE TRADITION)

APPLICATION FORM

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title:	Full name:	
Address:		
Post code:		Email address:
Home tel. no.:		Mobile:
Date of birth:		
Occupation:		Denomination:
Previous/relevant	experience (e.g. Spiritual D	Direction/retreats):
Please give below th your Church (not a f First Referee:		e can contact for references — one of whom should be a member of
Name:		Relationship to you:
Email address: Postal address:		
Second Referee:		
Name:		Relationship to you:
Email address: Postal address:		
What do you hop	e to gain from attending this	Programme?
DECLARATION		
I certify that the inforn	nation given in this application is	complete and accurate to the best of my knowledge. In
		ame 2024-2026 I accept responsibility for payment of the full
•		e programme website and as listed at
https://www.carmeli	te.uk.net/online-talks-retreats/t	erms-and-conditions/
Subject to English law.		
Signature	Date	e

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WHEN RESIDENTIAL - DIETARY REQUIREMENTS				
The following special diets are available if requested in advance				
Vegan Uegetarian Gluten-free Non-dairy No fish No shellfish				
Food allergy (please specify)				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (WHO WILL NOT BE TRAVELLING WITH YOU) Name	a. Information collected on this form will be held in accordance with the provisions of the General Data Protection Regulations (GDPR) for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties. For details, see our privacy policy at: https://www.carmelite.uk.net/privacy-policy/ b. Please keep me informed about the CACS courses, programmes, events and student information: by email			
Which?				

For further information please email: admissions@carmelite.org.uk / call 07849 596572