

**Spiritual Conversation Course**

**APPLICATION FORM**

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| --- |
| Name: Title: |
| Address: |
|  |
| Postcode: |
| Contact Number: |
| Email: |
| Date of Birth: |
| Denomination/Church Tradition (Optional): |

**Some information about you and why you want to do the course:**

1. **What was it that attracted you to apply for this course?**

1. **Have you completed the St Bede’s *Personal and Spiritual Development* course or any similar courses?**
2. **What is your understanding of/What do you think of when you hear the phrase ‘spiritual conversation’?**
3. **Why do you want to develop your spiritual conversation skills?**
4. **Please tell us a little about circumstances in which you find yourself listening more deeply to people?**
5. **In what ways would you hope to use the training you receive on this course?**
6. **Is there anything else you wish to tell us about yourself?**
7. **Are you comfortable using Zoom?**
8. **Do you require a bursary with this booking?**

**Please note:** the information you have provided will only be used for the purposes of this application and

will be processed in compliance with the Congregation of Jesus Charitable Trust’s GDPR policies and

procedures. A copy of the CJ Trust Privacy Notice can be found on the St Bede’s Website www.stbedes.org.uk

Please return this application form by **Wednesday 31st August** to:

**Siobhan Burke, c/o** [programmeadmin@stbedes.org.uk](mailto:programmeadmin@stbedes.org.uk) **St. Bede’s Pastoral Centre, 21 Blossom Street, York. YO24 1AQ**