



St Bede's Pastoral Centre York

York Ignatian Spirituality Accompaniment Course (YISAC) APPLICATION FORM 2024-2026

N	ne Title
A	ress
Po	tcode
Te	no. Mobile
Er	nil
D	i
1.	When, where, with whom and in what form (e.g. 30 day, 19 th annotation, blocks) did you do the spiritual Exercises of St Ignatius of Loyola? What faith development / spiritual accompaniment / listening course(s) have you done and when?
3.	Are you familiar with the Myers-Briggs Personality Type Indicator or the Enneagram?

4.	Do you currently have a spiritual accompanier and if so for how long have you been with that person and how often do you meet? Does your director have an Ignatian background?
5.	Are you accompanying anyone on a regular basis? If so how many people and how frequently?
6.	What support do you have for the use of your gifts?
7.	What do you feel are the most important attributes of those who offer to listen to others on their spiritual journey?
8.	What sustains your spiritual life at present?
9.	If you have a personal image of God just now, what is it?

10. To what church / denomination / faith community, if any, do you belong at present?	
11. Are you receiving counselling or psychotherapy at present? Have you had experience of them i the past?	n
12. What has taken your time and energy in the last five years and what are your present commitments?	
ABOUT THE COURSE: 1. What experiences, affirming and challenging, have led you to apply for this course?	
2. Can you foresee any problems for you in attending the course regularly on Wednesdays?	

3.	What do you hope to gain from this course?
4.	How do you hope to use what you learn from this course?
5.	Please tell us any other information that you think may help us discern whether this course is appropriate for you.

REFERENCES:

Please give below the details of two people whom you have known in different contexts and whom you have asked to give a reference for you.

DEFEDER 1				
	REFEREE 1			
Name:	Title:			
Address:				
Postcode:				
Tel no:	Email:			
Relationship to you:				
	REFEREE 2			
Name:	Title:			
Address:				
Postcode:				
Tel no:	Email:			
Relationship to you:				

You should have received or downloaded two Reference Forms as part of the Application Pack. Please write your name on each of the Reference Forms and send one to each of your referees with a copy of the course brochure making them aware that the deadline for sending in their reference is Friday 19th April.

We will let you know by email by Friday 26 th April whether or not you are invited for interview.					
The interviews will take place on W	ednesday 8 th May and Friday 10 th Ma	ay.			
Please indicate below any times wh	en you will be <i>unavailable</i> :				
Date	Morning	Afternoon			
Wednesday 8 th May					
Friday 10 th May					
You will be notified of the outcome	of the interview by email by Wednes	day 15 th May .			
_	return marked 'Confidential YISAC' by ossom Street, York. YO24 1AQ or to	-			
Full Name:					
Signature:	Date:				

INTERVIEWS AND DEADLINES: