**APPLICATION FORM: SABBATICAL – THE TIME OF SAGE**

**A Sabbatical for Religious Women and Men Living in their 80 years.**

Dates: 1 November – 30 November 2023

**Personal Details**

|  |  |
| --- | --- |
| **Full name and title:**  |  |

|  |  |
| --- | --- |
| **Name by which you like to be called:**  |  |

|  |  |
| --- | --- |
| **Name of Congregation:**  |  |

|  |  |
| --- | --- |
| **Address:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Town/City:**  |  | **Post Code:** |  |

|  |  |
| --- | --- |
| **Postal Address** **(IF DIFFERENT FROM ABOVE):**  |  |

|  |  |
| --- | --- |
| **Contact Number:** |  |

|  |  |
| --- | --- |
| **Email Address:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Citizenship:** |  | **Date of Birth:** |  |

**Emergency contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Number:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Current Health Information**

As you will be our guest for 5 weeks, we would appreciate a history of any significant health issues of which we need to be aware. This information will ensure your wellbeing during your stay with us.

|  |
| --- |
| How would you describe the general level of your health? |
|  |

|  |
| --- |
| Do you suffer from any chronic conditions which are likely to affect your participation in this program? |
|  |

|  |
| --- |
| Do you have any mobility issues? Please indicate the nature of such. |
|  |

**Dietary Requirements –** Please list any serious allergies such as:

|  |  |  |
| --- | --- | --- |
| *Anaphylactic food allergies*  | **Name:** |  |
| *Food intolerances*  | **Name:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **We do cater for:** | [ ]  Vegetarian  | [ ]  Gluten Free  | [ ]  Dairy Free  | [ ]  Diabetic  |

**Please return this application form and deposit of $570.00 to:**

|  |  |  |
| --- | --- | --- |
| St Joseph’s CentrePO Box 7386Baulkham Hills BC NSW 2153 | **OR** | **bookings@stjosephscentre.org.au** |

**Methods of Payment available:** Direct Transfer | Cheque | Debit Card | Credit Card

|  |  |
| --- | --- |
| [ ]  Direct Transfer  | [ ]  BSB: 012228 | A/C: 8657541  Swift/BIC code (IBAN) ANZBAU3M |
| [ ]  Cheque  | [ ]  Made payable to Spirituality Ministry of the Sisters of St Joseph |

|  |
| --- |
| **For payment by Debit Card | Credit Card:** |
| [ ]  Debit card  | [ ]  Mastercard  | [ ]  Visa  |
| Cardholder’s Name (as shown on card): |  |
| Card Number:  |  | Expiry Date: |  |

*We will ring you to obtain the security number.*

**Please provide the following information of whom the invoice should be addressed & sent to for final payment:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Full Name:* |  | *Contact Number:* |  |
| *Postal Address:* |  |
| *Email Address:* |  |

**Leader’s Endorsement** Please ask your Leader to complete page 3

|  |  |
| --- | --- |
| Signature:  |  |

**Thank you for your application. We will be in contact soon.**

**Leader’s Support and Endorsement for this Application**

Congregational/Provincial/Regional or Community Leader

|  |
| --- |
| Does the applicant normally have some level of assistance in day to day living? Please specify |
|  |

|  |
| --- |
| If the applicant normally has a carer how would you see this continuing during the sabbatical? |
|  |

|  |
| --- |
| From your perspective is there anything else that would be helpful for us to know? |
|  |

|  |  |  |
| --- | --- | --- |
| I  |  | **endorse this applicant.** |

|  |  |
| --- | --- |
| Signature:  |  |

**Thank you for completing this endorsement for the applicant.**