



**St Joseph's Baulkham Hills**

ABN 20 144 962 774

## SABBATICAL – THE TIME OF THE SAGE

Dates: 1 November – 30 November 2022

### APPLICATION FORM

#### **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: \_\_\_\_\_

Telephone 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.



# St Joseph's Baulkham Hills

ABN 20 144 962 774

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

Anaphylactic food allergies Name: .....

Food intolerance Name: .....

We do cater for: Vegetarian  Gluten Free  Dairy Free  Diabetic

## **Support and Endorsement for this application**

To process your application, we require the endorsement of Congregational / Provincial/ Regional or Community Leader

Name: ..... Signature: .....

## **How did you hear about the Program?**

**This program will include the options of massage, yoga, and silk screen painting.** Yoga and silk screen painting will be included in program costs, but massage will require individual payment.

## **Please return this application form and deposit of \$561.00 to-:**

St Joseph's Centre  
PO Box 7386  
Baulkham Hills BC NSW 2153

OR [bookings@stjosephscentre.org.au](mailto: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.

Debit card  Mastercard  Visa

Cardholder's Name (as shown on card): .....

Card Number: ..... Expiry Date: .....

We will ring you to obtain the security number.

Signature: .....

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