APPLICATION FORM

**SABBATICAL – Invitation to Wisdom-Mission, Conversion & Transformation**

**A Sabbatical for Members of Religious Congregations**

**5 April 2024 – 17 May 2024**

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| **Personal Details** |

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| **Title:** *(please circle)* | Sr Br Fr |

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| **First Name:** | **Surname**: |

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| **Christian name as you would like it on name tag:** |
| **Religious Congregation:** |
| **Address:** |
| **Suburb/Town:** | **Postcode:** |
| **Postal Address:** *(if different from above)* |
| **Contact No:** |
| **Email:** |
| **Date of Birth:** | **Citizenship:** |

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| **Emergency Contact Details** |

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| **Name:** | **Relationship:** |
| **Contact No:** | **Email:** |

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| **Current Health Information** |

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As you will be our guest for 4 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.

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| How would you describe the general level of your health? |
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| Do you suffer from any chronic conditions which are likely to affect your participation in this program? |
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| Do you have any mobility issues? Please indicate the nature of such. |
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| **Dietary Requirements** |

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| Do you have any dietary requirements? *(Please circle)* | **YES** | **NO** |
| If yes, please specify: |  |  |
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| **Support and Endorsement for this application** |
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| To process your application, we require the endorsement of Congregational / Provincial/ Regional or Community Leader  |
| **Name:** |  |
| **Signature:** |  |

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| **How did you hear about the Program?**  |
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**This program will include the options of massage, yoga, and creative arts.** All options are included in the program costs.

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| **Deposit Details** |
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| Deposit of **$880.65** is to be paid on submitting this Application Form. |
| Please return this Application Form to bookings@stjosephscentre.org.au  |
| Or post to St Joseph’s Baulkham Hills, PO Box 7386, Baulkham Hills BC NSW 2153 |
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| **Methods of Payment** |
| [ ]  Direct Transfer  | BSB: 012228 | A/C: 8657541 **International Payments** | Swift/BIC code (IBAN) ANZBAU3M |
| [ ]  Cheque  | Payable to **Spirituality Ministry of the Sisters of St Joseph** |
| [ ]  Credit Card  | For Credit Card payments, please contact the Centre during business hours on 02 9634-2317. |

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

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| --- | --- |
| **Full Name:** |  |
| **Company Name:** *(if applicable)* |  |
| **ABN No:** *(if applicable)* |  |
| **Contact No:** |  |
| **Postal Address:** |  |
| **Email:** |  |

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