



# St Joseph's Baulkham Hills

ABN 20 144 962 774

## SABBATICAL – Invitation to Wisdom, Mission, Conversion, Transformation

Dates: 19 February – 2 April 2023

### 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: .....

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?

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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** – Please list any serious allergies such as:

Anaphylactic food allergies      **Name:** \_\_\_\_\_

Food intolerances                      **Name:** \_\_\_\_\_

<b>We do cater for:</b>	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Diabetic
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## Support and Endorsement for this application

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>How did you hear about the Program?</b>

**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 \$855.00 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

<b>For payment by Debit Card   Credit Card:</b>			
<input type="checkbox"/> Debit card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> 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: \_\_\_\_\_

Signature: \_\_\_\_\_

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