

Beginning Experience Weekend Application Form.

1) Name: _____

2) Postal Address: _____

Post code: _____

Email: _____

4) Phone Number/s: _____ Cell: _____

5) Occupation _____

6) D.O.B: _____

7) Gender: Male / Female

8) Religious Affiliation: (if any) _____ 9) Are you: divorced / widowed / separated (circle one)

10) For how long were you married/in the relationship? _____ For how long have you been divorced/separated/widowed? _____

11) Was this your first marriage? YES/NO (If NO, please give details of the length of any other marriages and how they ended):

12) Do you have children? If so, how many, and what ages? _____

13) Are you currently involved in any kind of professional counselling or therapy? _____

(If YES, we MOST STRONGLY RECOMMEND that you discuss taking part in a Beginning Experience Weekend with your counsellor/therapist. Please take this form and the Beginning Experience Weekend brochure with you, and let your professional know that they may call Beginning Experience Weekend Team Members noted on the advertising material for further information or clarification.)

14) How did you hear about the Beginning Experience?

15) Please comment on why you are interested in taking part in a Beginning Experience Weekend:

16) Do you have any physical/medical conditions, special dietary requirements or other special needs that we, as organisers of a live-in Weekend, should be aware of (eg. do you need medication at set times?)

A member of our Local Team will contact you to discuss your application in more detail. Permission to make use of personal information: I have read and understood Beginning Experience and Your Privacy: The Weekend Application Form and give permission for the Local Beginning Experience Team to use my personal information collected on this form in the manner described in that document.

Signed: _____ Date: _____