



# **Beginning Experience NZ Weekend Application Form**

*Please print clearly*

1) Name: \_\_\_\_\_  
Surname Given Names

2) Postal Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Email: \_\_\_\_\_

4) Phone Number/s: \_\_\_\_\_ Cell: \_\_\_\_\_

5) Occupation \_\_\_\_\_ 6) D.O.B: \_\_\_\_\_ 7) Gender: Male / Female

8) Religious Affiliation: \_\_\_\_\_ 9) Are you: divorced / widowed / separated (tick 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: \_\_\_\_\_