SPIRITUAL DIRECTION TRAINING PROGRAMME 2021 – 2023 (CARMELITE TRADITION)

APPLICATION FORM

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title:	Full name:	
Address:		
Post code:		Email address:
Home tel. no.:		Mobile:
Date of birth:		
Occupation:		Denomination:
Previous/relevant e	experience (e.g. Spiritual D	virection/retreats):
Please give below the ryour Church (not a fam		can contact for references – one of whom should be a member of
Name:		Relationship to you:
Email address: Postal address:		
Second Referee: Name:		Relationship to you:
Email address: Postal address:		
What do you hope	to gain from attending this	Programme?
DECLARATION I certify that the informa	ation given in this application is	complete and accurate to the best of my knowledge. In
enrolling on the Spiritua	l Direction Training Programm	e 2020-2022 E-Course. I accept responsibility for payment of
-		ted on the programme website and as listed at
-	/legal/terms-and-conditions.	
Subject to English law.		
Signature	Dat	Te.

Where there are/may be residential elements of the course which are within the programme but dependent upon social distance regulations, please supply the following information:

<i>6</i>				
DIETARY REQUIREMENTS				
The following special diets are available if requested in	n advance			
☐ Vegan ☐ Vegetarian ☐ Gluten-free ☐ Non-dain	ry 🔲 No fish 🔃 No shellfish			
Food allergy (please specify)				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (WHO WILL NOT BE TRAVELLING WITH YOU) Name	a. Information collected on this form will be held in accordance with the provisions of the General Data Protection Regulations (GDPR) for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties. For details, see our privacy policy at: https://www.oxcacs.org/legal/privacy-policy/ b. Please keep me informed about the CACS courses, programmes, events and student information: by email c. The CACS may occasionally wish to collect images (both photographs and video recordings) of its activities, including lectures, tutorials, seminars and social events. These photographs and video recordings may be used by the CACS for the promotion of its educational activities. I hereby grant to the CACS the right and permission to take, hold, use, and publish photographs and video recordings in which I appear in printed or electronic media, including the internet, for advertising and promoting educational activities. I understand that if I no longer want a photograph in which I appear to be used, I can contact the Programme Director to request that it be removed. However, I accept that it might not always be possible to remove all existing copies from circulation. Please tick this box if you do not wish photographs and video recordings of you to be used as described above.			
Which and where?				
Personal recommendation				
From whom?				
If paying via Bank Transfer: Barclays Bank				
Account Name: Carmelite Priory (CACS) Sort Code:	20-65-18 Account No: 53108856			
Switch Code: BUKBG22 / IBAN: GB84 / BUKB206518531088	356			
If posting you can return this form with your non-refun	ndable registration fee of £200 made payable			
to "Carmelite Priory (CACS)" if sending a cheque.				
Postal address: The Programme Director. Centre for Applied Carmelite Spirituality				
Carmelite Priory, Boars Hill, Oxford, OX1 5HB, United Kingdom				

For further information please email: courses@oxcacs.org Telephone: 07849 596 572