

## **Application**

**DIPLOMA IN SPIRITUAL DIRECTION** 

Be sure to open and save this form using Adobe Acrobat Reader to ensure the fillable function works properly.

| Last Name:  |                           | First Name:            |                     |         |
|---|---------------------------|------------------------|---------------------|---------|
| Student Number:   |                           | Program:               |                     |         |
|   |                           |                        |                     |         |
| Status in Canada: Canad   | adian Citizen Permanent F |                        | ent Study Permit    |         |
| Year you began your Basic Degree program:   |                           |                        |                     |         |
|   |                           |                        |                     |         |
| Completed the four required units   | (BD) program?             | Yes                    | No                  |         |
| Have you previously made an Ignatian Retreat?:  |                           |                        |                     |         |
| Do you currently have a spiritual director?   |                           |                        |                     |         |
| De very have a compact Delice Cheek / within the last 5 years) or have year and indifference 2. Very  |                           |                        |                     |         |
| Do you have a current Police Check (within the last 5 years), or have you applied for one? Yes No   |                           |                        |                     |         |
| PERSONAL AND CONTACT DETAILS:   |                           |                        |                     |         |
| Religious Affiliation (e.g. Catholic, Methodist, Buddhist):   |                           |                        |                     |         |
| Status (Lay or Religious), Congregation (if applicable):  |                           |                        |                     |         |
| Briefly, what are the career and/or personal goals you wish to pursue through the Diploma in Spiritual Direction:   |                           |                        |                     |         |
|   |                           |                        |                     |         |
|   |                           |                        |                     |         |
|   |                           |                        |                     |         |
| Date of Birth (DD/MM/YYYY):   |                           |                        |                     |         |
| Current Address:  |                           |                        |                     |         |
| Primary Phone Number:   |                           |                        |                     |         |
| Secondary Phone Number (if applicable):   |                           |                        |                     |         |
| E-Mail Address:   |                           |                        |                     |         |
| To successfully complete the program application, include the following with this form:   |                           |                        |                     |         |
| DSD Self-Evaluation Form  | Statement of Intent       | (for the study of Spir | itual Direction Mir | nistry) |
| Two Letters of Reference  | Your Discernment F        | Paper from RGP3248Y    |                     |         |
| Pay application fee on-line: https://regis.z2systems.com/np/clients/regis/eventRegistration.jsp?event=949& Make an appointment with the Program Director for an interview |                           |                        |                     |         |
|   | Application Submiss       | sion Date:             |                     |         |