

## 'IN THE BEGINNING' COURSE LONDON

### DATES:

**Saturday's** (9.30am – 4.30pm): **May 4th & June 22nd** 2019.

**Monday's** (7pm – 10pm): **May 13<sup>th</sup> & 20<sup>th</sup>, June 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>** 2018.

**Tuesday** (7pm – 10pm): **May 7<sup>th</sup> & 28<sup>th</sup>** 2018.

### PLEASE READ THROUGH THESE NOTES BEFORE COMPLETING YOUR APPLICATION

**ALL ANSWERS SHOULD BE COMPLETED IN FULL**, REGARDLESS OF YOUR POSITION WITHIN THE CHURCH OR JOURNEY UK. Each application is taken on its own merit.

### **WHEN RETURNING YOUR APPLICATION TO US IT SHOULD INCLUDE:**

- A page containing your healing journey so far (see page 5).
- A cheque or postal order for £15 made payable to 'Journey UK' which is a non-refundable sum to cover administration costs whether or not your application is successful. Or pay by PayPal to: [hello@journey-uk.org](mailto:hello@journey-uk.org) (including all PayPal fees) or via internet banking to: Journey UK / 40-52-40 / 00004919 (International transfers incur a £6 fee to be paid by the payee)
- One reference from your church leader or person with pastoral responsibility (confirming they know you & your suitability to be in small group where self-disclosure is required). A **brief** letter on headed paper is required - we will also accept an email as headed paper but this must be sent to us **direct** from your referee.

Sending in an application does not guarantee a place on the course. Please ensure you put the **correct postage** on the envelope as sometimes applications are delayed for this reason. This is especially if you use an A4 envelope.

The **cost** of the course is £155. This includes the admin fee. The **balance** of £140 is payable subject to acceptance. Payment can be made by **instalments** if needed.

We will confirm as soon as possible whether or not we can offer you a place.

### **APPLICATIONS SHOULD BE SENT TO:**

JOURNEY UK  
PO Box 62807  
LONDON  
SW12 2DE

**PLEASE CONTACT THE OFFICE IF YOU HAVE ANY QUESTIONS:**

## IN THE BEGINNING COURSE

MAY– JUNE 2019 LONDON

Please be as open as possible when answering the questions. The form is strictly confidential.

NAME: (MR/MRS/MISS/MS/REV/OTHER) \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(MOBILE) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MARITAL STATUS: SINGLE ( ) ENGAGED ( ) MARRIED ( ) SEPARATED ( ) DIVORCED ( ) WIDOWED ( )

DO YOU HAVE ANY CHILDREN? PLEASE TELL US HOW MANY AND THEIR AGES. \_\_\_\_\_

HOW DID YOU HEAR ABOUT JOURNEY UK? \_\_\_\_\_

DO YOU PROFESS TO BE A CHRISTIAN? YES/NO \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_

GIVE BRIEF DETAILS OF HOW YOU BECAME A CHRISTIAN \_\_\_\_\_

NAME OF YOUR CHURCH: \_\_\_\_\_

HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_

DETAILS OF YOUR INVOLVEMENT IN YOUR CHURCH & ANY LEADERSHIP RESPONSIBILITIES: \_\_\_\_\_

EXPLAIN THE RELATIONSHIP, IF ANY, BETWEEN YOUR CHURCH AND JOURNEY UK: \_\_\_\_\_

\_\_\_\_\_

EXPLAIN YOUR REASONS FOR WANTING TO ATTEND THE COURSE. (Please use a separate sheet should you need more space)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

JOURNEY UK WORKS IN THE AREAS OF RELATIONSHIPS & SEXUALITY: HOW IS YOUR REASON FOR ATTENDING RELEVANT TO THIS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY IN A RELATIONSHIP WHICH INVOLVES ONGOING SEXUAL CONTACT? \_\_\_\_\_

\_\_\_\_\_

THE PURPOSE OF THE COURSE IS FOR PERSONAL HEALING. IN WHAT WAYS HAVE YOU PURSUED THIS IN THE PAST?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD COUNSELLING OR PSYCHIATRIC HELP? \_\_\_\_\_

PLEASE GIVE DETAILS INCLUDING THE ORGANISATION, THE DATES & REASON FOR SEEKING HELP:

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU OR ARE YOU CURRENTLY ON ANY PRESCRIBED MEDICATION? PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU OR ARE YOU CURRENTLY CHEMICALLY DEPENDENT? (E.G. DRUGS / ALCOHOL): \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR EXPECTATIONS OF THE COURSE? \_\_\_\_\_

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PLEASE TICK THE AREAS IN WHICH YOU NEED HELP. TICK AS MANY AS APPLY:

- RELATIONSHIP WITH MOTHER
- RELATIONSHIP WITH FATHER
- RELATIONSHIP WITH SIBLINGS
- RELATIONSHIP WITH PEERS
- HETEROSEXUAL RELATIONSHIPS
- HOMOSEXUAL RELATIONSHIPS
- GOD AS FATHER
- RECEIVING
  
- OTHER (SPECIFY).....
- CO DEPENDENCY
- EMOTIONAL DEPENDENCY
- FANTASY
- ABUSE
- PORNOGRAPHY
- COMPULSIVE MASTURBATION
- SEXUAL ADDICTION
- OTHER ADDICTION

**WRITE ABOUT KEY EVENTS IN YOUR LIFE SO FAR:**

DESCRIBE BRIEFLY WHERE YOU CAME FROM, YOUR UPBRINGING, AND ANY SIGNIFICANT EVENTS THAT HAVE IMPACTED YOU PERSONALLY EG. SCHOOL YEARS, RELATIONSHIPS, YOUR CHRISTIAN JOURNEY.  
PLEASE WRITE BETWEEN HALF A PAGE AND TWO PAGES.



WHAT PASTORAL CARE DO YOU HAVE IN PLACE FOR CONTINUING YOUR HEALING JOURNEY AFTER THE COURSE?

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NAMES OF THREE PEOPLE WHO WILL INTERCEDE FOR YOU DURING THE COURSE IF YOU ARE ACCEPTED:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

NAMES OF ANY OTHERS FROM YOUR CHURCH WHO ARE APPLYING FOR THE COURSE: \_\_\_\_\_

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HOW DO YOU FEEL ABOUT BEING IN A SMALL GROUP WITH OTHER DELEGATES WHO'S ISSUES MAY BE DIFFERENT FROM YOUR OWN?

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ARE YOU WILLING TO SHARE YOUR STORY & RECEIVE HEALING PRAYER IN THE SMALL GROUP?

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**PRIVATE AND CONFIDENTIAL**  
**REFERENCE FOR IN THE BEGINNING 2019**

Please complete the candidate's box and give this page to your referee. The completed reference should be returned along with a **brief written reference** on headed paper along with your application form, or your referee can post or **email it direct** to us. We will accept a direct email as the written reference on headed paper.

<b>CANDIDATE'S NAME:</b> _____
<b>ADDRESS:</b> _____
<b>CHURCH:</b> _____

**REFEREE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

We realise that the degree to which someone is really known within their church varies, so may we ask you to just answer these questions as you are able. Thank you.

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

IN WHAT CAPACITY? \_\_\_\_\_

DO YOU KNOW OF THE MINISTRY OF JOURNEY UK? \_\_\_\_\_

ARE YOU AWARE OF WHY THE PERSON IS APPLYING FOR THIS COURSE? \_\_\_\_\_

WHAT DO YOU SEE AS THEIR KEY ISSUES? \_\_\_\_\_

ARE THEY ABLE TO RECEIVE FROM GOD? \_\_\_\_\_

HOW WILL THEY FUNCTION IN A SMALL GROUP SETTING? \_\_\_\_\_

HOW WELL ARE THEY INTEGRATED INTO THE ONGOING LIFE OF THE CHURCH? \_\_\_\_\_

THE COURSE RUNS WEEKLY FROM MAY TO JUNE. HOW WILL YOUR CHURCH BE ABLE TO SUPPORT THEM:

PASTORALLY? \_\_\_\_\_

INTERCESSION? \_\_\_\_\_

ACCOUNTABILITY? \_\_\_\_\_

FINANCIALLY? \_\_\_\_\_

FROM WHAT YOU KNOW DO YOU RECOMMEND THEM FOR THIS COURSE? \_\_\_\_\_

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST? \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

IF YOU WOULD LIKE MORE INFORMATION ABOUT THE MINISTRY OF JOURNEY UK PLEASE DO NOT HESITATE TO CONTACT US:



020 7799 2200 / [hello@journey-uk.org](mailto:hello@journey-uk.org) / [www.journey-uk.org](http://www.journey-uk.org)

**I HAVE ENCLOSED (PLEASE TICK):**

A PAGE WITH MY HEALING JOURNEY SO FAR

A NON-REFUNDABLE APPLICATION FEE OF £15 (STERLING ONLY) OR

I HAVE PAID BY PAYPAL

I HAVE TRANSFERRED THE MONEY VIA ONLINE / PHONE BANKING

REFERENCE FROM CHURCH LEADER / PERSON IN PASTORAL POSITION

I CONFIRM I CAN MAKE ALL THE DATES OR WILL MISS NO MORE THAN ONE WEEK

**I UNDERSTAND THAT MY PARTICIPATION IN THE 'IN THE BEGINNING' COURSE REQUIRES MY TAKING PART IN A SMALL GROUP IN WHICH SELF-DISCLOSURE AND PERSONAL SHARING WILL BE EXPECTED OF ME.**

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

WE WOULD LIKE TO ADD YOUR EMAIL TO OUR MAILING LIST. PLEASE TICK ACCORDINGLY.

YES

NO