

SUMMER WEEK
SUNDAY 11TH – SATURDAY 17TH AUGUST 2019
VENUE IN THE LONDON AREA - DETAILS UPON ACCEPTANCE

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 MINISTRY. Each application is taken on its own merit.

WHEN RETURNING YOUR APPLICATION TO US IT SHOULD INCLUDE:

- A brief letter of recommendation from your pastor / priest (or someone with pastoral responsibility who knows you) on Church headed notepaper. Please call us if obtaining this is a problem. Alternatively an email direct from your referee to Journey UK will suffice.
- A completed reference form from your pastor / priest (or person with pastoral responsibility) – see page 5.
- A page containing your healing journey so far. Please be as open and specific as you can – see page 6.
- A **cheque** for £15 (sterling only) 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**: hello@journey-uk.org (including all PayPal fees) or **online** to: Journey UK / 40-52-40 / 00004919 00004919 (International transfer incurs a £6 fee paid by the payee – this is often cheaper than PayPal)

Fee: £535 which includes full board in single rooms and all materials. This is payable, subject to acceptance, by 19th July 2019. Payment can be made by instalments if needed - please contact the office.

Cancellation Policy: 10% refund of full fees before 26th July 2019 & no refund thereafter (unless someone else can fill your place).

Sending in an application does not guarantee a place on the Week.

POSTAGE: PLEASE ENSURE YOU PUT THE RIGHT AMOUNT OF POSTAGE ON YOUR ENVELOPE, **ESPECIALLY IF USING AN A4 ENVELOPE**. APPLICATIONS ARE DELAYED IF INCORRECT POSTAGE IS USED.

APPLICATIONS SHOULD BE SENT TO:

JOURNEY UK, 12 PORT HOUSE, PLANTATION WHARF, LONDON, SW11 3TY.

APPLICATION PROCESS

1. Download form from the specific course page and email/post in, along with a reference, photo ID and pay the admin fee.
2. You'll receive a confirmation email.
3. Shortly followed by an email with the outcome of your application.
4. If offered a place you will receive an acceptance letter, via email, with further forms to fill in and sign. Once you have sent these forms back to us it is your confirmation that you've accepted a place on the course.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US: 020 7799 2200 / HELLO@JOURNEY-UK.ORG
PLEASE SEE OUR WEBSITE FOR OUR PRIVACY POLICIES

PRIVATE AND CONFIDENTIAL APPLICATION FORM

JOURNEY UK SUMMER WEEK
SUNDAY 11TH – SATURDAY 17TH AUGUST 2019

PLEASE COMPLETE CONTACT DETAILS IN BLOCK CAPITALS

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 WEEK. (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 WEEK 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 SUMMER WEEK? _____

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 THIS WEEK?

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

1. _____ 2. _____ 3. _____

NAMES OF ANY OTHERS FROM YOUR CHURCH WHO ARE APPLYING FOR THE WEEK: _____

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

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

I HAVE ENCLOSED:

- A PAGE WITH MY HEALING JOURNEY SO FAR.
- A REFERENCE FROM MY PASTOR ON HEADED PAPER (OR EMAIL DIRECT FROM THEM TO JOURNEY UK)
- A COMPLETED REFERENCE FORM FROM MY PASTOR.
- A NON-REFUNDABLE APPLICATION FEE OF £15 (STERLING ONLY).

I UNDERSTAND THAT MY PARTICIPATION IN THE JOURNEY UK SUMMER WEEK REQUIRES MY TAKING PART IN A SMALL GROUP IN WHICH SELF-DISCLOSURE AND PERSONAL SHARING WILL BE EXPECTED OF ME.

IF ACCEPTED, I AGREE TO ATTEND ALL SESSIONS AND STAY ON SITE UNLESS AGREED FIRST WITH A MEMBER OF THE JOURNEY UK TEAM.

SIGNED: _____

NAME: _____

DATE: _____

PRIVATE AND CONFIDENTIAL – REFERENCE FOR JOURNEY UK SUMMER WEEK 2019

ONCE COMPLETED, THIS REFERENCE AND COVERING LETTER (OR COVERING EMAIL) SHOULD BE FORWARDED TOGETHER WITH THE APPLICATION FORM TO: JOURNEY UK – 12 PORT HOUSE – PLANTATION WHARF - LONDON - SW11 3TY. IF YOU ARE SENDING THIS REFERENCE VIA EMAIL, PLEASE SEND TO: HELLO@JOURNEY-UK.ORG

CANDIDATE'S NAME: _____
ADDRESS: _____
CHURCH: _____

REFEREE'S NAME: _____

ADDRESS: _____

TEL: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY? _____

ARE THERE ANY PARTICULAR PASTORAL ISSUES WE SHOULD KNOW ABOUT? _____

WHAT IS THEIR CURRENT PASTORAL ROLE IN THE CHURCH? _____

HAVE THEY UNDERTAKEN ANY LEADERSHIP ROLES IN THE LAST 5 YEARS WITHIN THE CHURCH? _____

CAN THEY BOTH EXERCISE, AND RESPOND WELL TO AUTHORITY? _____

WHAT, IF ANYTHING, DO YOU KNOW ABOUT THE MINISTRY OF JOURNEY UK? _____

WOULD LIKE US TO CONTACT OR VISIT YOU TO DISCUSS WHAT WE CAN OFFER YOUR CHURCH? _____

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