

'THE JOURNEY OF GRACE' SEPTEMBER 2020 – MARCH 2021

Venue: Near Central London.

Dates:

Mondays (7-10pm) plus 3 Saturdays (9.30am – 4pm). Dates to be confirmed.

Cost: £630.00 which includes venue hire, workbook, materials & weekly refreshments. Payment can be made in instalments if required and some people raise all or part of the fee from sponsors.

Please contact the office for further discussion.

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 with the key events in your life so far. (see page 5-6).
- Photo ID (A scan of your driver's license or passport)
- 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 (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)

FROM YOUR REFEREE:

- 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.

APPLICATIONS SHOULD BE SENT TO:
PO Box 75684, LONDON, SW11 9NL.

PLEASE ENSURE YOU USE THE CORRECT POSTAGE AS THIS CAUSES DELAYS. IF YOU PREFER, YOU CAN EMAIL US YOUR FORM.

APPLICATION PROCESS

1. Email/post application form along with your photo ID and pay the £15 admin fee.
2. A reference form and covering letter should be emailed/posted to us by your church leader/person in pastoral position.
3. You'll receive a confirmation email.
4. Shortly followed by an email inviting you for an informal interview at our office.
5. After the interview we will email you with the outcome of your application/interview.
6. 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 have accepted a place on the course.

PLEASE CONTACT THE OFFICE IF YOU HAVE ANY QUESTIONS: 020 7799 2200 / HELLO@JOURNEY-UK.ORG

PRIVATE AND CONFIDENTIAL APPLICATION FORM

THE JOURNEY OF GRACE 2019-20

PLEASE BE AS OPEN AS POSSIBLE WHEN ANSWERING THE QUESTIONS. THE FORM IS STRICTLY CONFIDENTIAL.

NAME: (MR/MRS/MISS/MS/REV/OTHER) _____

GENDER: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

POST CODE: _____ COUNTRY: _____

TELEPHONE: (HOME) _____ (WORK) _____

(MOBILE) _____ EMAIL: _____

OCCUPATION: _____

RELATIONSHIP STATUS: SINGLE () ENGAGED () MARRIED () PARTNERSHIP () 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. 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? _____

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

PRESENT

- RELATIONSHIP WITH MOTHER
- RELATIONSHIP WITH FATHER
- RELATIONSHIP WITH SIBLINGS
- RELATIONSHIP WITH PEERS
- INTIMATE RELATIONSHIPS
- GOD AS FATHER
- FINDING IT HARD TO RECEIVE

- SHAME
- ANXIETY
- LONELINESS
- ANGER
- PASSIVITY
- TRUST
- ISSUES WITH AUTHORITY FIGURES

- CO-DEPENDENCY
- EMOTIONAL DEPENDENCY
- FANTASY
- ABUSE
- PORNOGRAPHY
- COMPULSIVE MASTURBATION

- SEXUAL ADDICTION
- WORK ADDICTION
- ALCOHOL
- EATING DISORDER
- SELF-HARMING
- OTHER ADDICTION

OTHER (SPECIFY).....

PAST

- RELATIONSHIP WITH MOTHER
- RELATIONSHIP WITH FATHER
- RELATIONSHIP WITH SIBLINGS
- RELATIONSHIP WITH PEERS
- INTIMATE RELATIONSHIPS
- GOD AS FATHER
- FINDING IT HARD TO RECEIVE

- SHAME
- ANXIETY
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- PORNOGRAPHY
- COMPULSIVE MASTURBATION

- SEXUAL ADDICTION
- WORK ADDICTION
- ALCOHOL
- EATING DISORDER
- SELF-HARMING
- 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?

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: _____

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

ARE YOU WILLING TO SHARE YOUR STORY & PARTICIPATE IN LISTENING PRAYER IN THE SMALL GROUP?

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
- I HAVE ASKED MY CHURCH LEADER / PERSON IN PASTORAL POSITION FOR A REFERENCE AND SENT THEM THE REFERENCE FORM. (THE REFEREE IS TO SEND THE REFERENCE TO JOURNEY UK DIRECTLY)
- REFERENCE FROM CHURCH LEADER / PERSON IN PASTORAL POSITION
- PHOTO ID (A PHOTO OR SCAN OF YOUR DRIVERS LICENSE OR PASSPORT)
- I CONFIRM I CAN MAKE ALL THE DATES OR WILL MISS NO MORE THAN ONE WEEK

I UNDERSTAND THAT MY PARTICIPATION IN THE 'JOURNEY OF GRACE' 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 YOU TO OUR MAILING LIST. PLEASE TICK ACCORDINGLY.

- YES
- NO

YOUR APPLICATION FORM IS CONFIDENTIAL TO THE JOURNEY UK STAFF TEAM AND STORED SECURELY. YOU CAN REQUEST TO SEE THE FORM OR FOR THE FORM TO BE DESTROYED AT ANY TIME. SEE DATA PROTECTION POLICY ON JOURNEY UK WEBSITE WWW.JOURNEY-UK.ORG

PRIVATE AND CONFIDENTIAL
REFERENCE FOR JOURNEY OF GRACE 2019

PLEASE COMPLETE THE CANDIDATE'S BOX AND GIVE THIS PAGE TO YOUR REFEREE.

THE COMPLETED REFERENCE ALONG WITH A BRIEF WRITTEN REFERENCE ON HEADED PAPER SHOULD BE RETURNED BY YOUR REFEREE DIRECTLY TO US AT: HELLO@JOURNEY-UK.ORG OR BY POST TO: JOURNEY UK, PO Box 75864, LONDON SW11 9NL. WE WILL ACCEPT A DIRECT EMAIL AS THE WRITTEN REFERENCE ON HEADED PAPER.

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

REFEREE'S NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TEL: _____ EMAIL: _____

WE REALISE THAT THE DEGREE TO WHICH SOMEONE IS REALLY KNOWN WITHIN THEIR CHURCH VARIES, SO PLEASE 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 **SEPTEMBER - MARCH**. 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 / www.journey-uk.org