**WHOLENESS THROUGH CHRIST**

**SCHOOL OF PRAYER MINISTRY (SPM) APPLICATION**

**(Note: Incomplete applications will be returned for completion before processing)**

NAME (First and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (☐ Rev./☐ Dr./☐ Mr./☐ Mrs./☐ Miss /☐ Ms.)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV / STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL / ZIP CODE \_\_\_\_\_\_\_\_\_\_\_

PHONE. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH (yyyy-mm-dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to apply for the following school: **Give date and location**

First choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dietary or health conditions that need to be accommodated?

Dietary (e.g.: food allergies, diabetic, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical / physical (e.g.: hearing, visual, physical or mobility impairment; pregnant; light sleeper; snorer, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health care card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s / Priest’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov / State \_\_\_\_\_\_\_\_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

I have changed churches since my last course. ☐ YES / ☐ NO

I have discussed my application with my pastor/ priest. ☐ YES / ☐ NO

PREVIOUS COURSES (C) OR SCHOOLS (S) ATTENDED (use back of sheet if more space required)

Dates (yyyy/mm) Names of your prayer ministers

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications received three months or more prior to the School are entitled to a $50 early-bird discount.

There is a $100 surcharge for applications received less than one month prior to the School.

**Receipt of your application will be acknowledged by e-mail.**

**Please do not submit payment until your application is confirmed.**

**E-MAIL COMPLETED APPLICATION TO:**

[**Administrator@WholenessThroughChrist.com**](mailto:Administrator@WholenessThroughChrist.com)

WHOLENESS THROUGH CHRIST

**SCHOOL OF PRAYER MINISTRY APPLICATION**

NAME (First and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(☐ Rev./☐ Dr./☐ Mr./☐ Mrs./☐ Miss /☐ Ms.)

Please answer the following as completely as you can, as this information is used by the School Leader when planning the prayer ministry appointments. If you need to, use a separate sheet. **PLEASE PRINT OR WRITE LEGIBLY.**

1. Please describe how you have been using the principles of WTC since your last Course or School.

2. What difficulties or problems have you encountered in using the principles, or where do you feel you are weak in applying them?

3. What main areas of brokenness did the Lord minister to in your last ministry? In walking out your healing, where do you feel you have made progress, and where have you had difficulties or setbacks?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (yyyy-mm-dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ By checking this box, I agree that my typed signature above represents my signature as though it was penned.

**WHOLENESS THROUGH CHRIST**

**SCHOOL OF PRAYER MINISTRY**

**A STATEMENT OF UNDERSTANDING**

I understand that the Wholeness Through Christ ministry team is offering prayer ministry by faith along with personal encouragement. They are not offering services as professional or licensed counsellors, therapists, medical or psychological practitioners.

I acknowledge that I am attending voluntarily and free to leave at any time.

I indemnify and agree to hold the host facility, Wholeness Through Christ and the WTC ministry team members harmless for any of my personal responses to the teachings and ministry I receive.

□ \_\_\_\_\_ Please check box and initial to indicate you have read and accept the above information.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ By checking this box, I agree that my typed signature above represents my signature as though it was penned.

Applicant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (yyyy-mm-dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_