

*** Briefly describe yourself. Enclose a one page, handwritten letter describing yourself and your reasons for taking this course.

For how long do you commit yourself to doing this program of group counseling?

Describe your health.

Are you presently taking any medications? Which or for what reasons?

Describe your interest in this training as well as any concerns or reservations.

What is your intended use of this training? Check 2 only.

- | | |
|---|---|
| <input type="checkbox"/> My own personal therapy | <input type="checkbox"/> refresher to earlier Hope Alive program. Date: |
| <input type="checkbox"/> Better theoretical understanding | <input type="checkbox"/> personal maturing |
| <input type="checkbox"/> Use whole program | <input type="checkbox"/> individual counseling |
| <input type="checkbox"/> Use parts in my practice | <input type="checkbox"/> other. Explain: |

From your perspective, what are the essentials in counseling for healing:

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain: _____

Have you ever been convicted of a sexual offense? _____ Yes _____ No

If yes, explain: _____

Please list all your spiritual experiences, Christian and non Christian

Enclose names of two individuals willing to give you referral references. Please include phone numbers.

1. Name (Title, First, Last): _____

Home Address:

Street Address

City/Town State/Province Country Postal Code

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Home Phone Number Home Fax Number E-Mail Address

2. Name (Title, First, Last): _____

Home Address:

Street Address

City/Town State/Province Country Postal Code

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Home Phone Number Home Fax Number E-Mail Address

Following counselling training, when/if invited to take the Hope Alive training examination, I will use the Hope Alive program as a whole, not in part or melded with other programs. I will use the Hope Alive group counselling method only on completion of the appropriate training, examination, and after gaining the necessary credentials and certification.

Signed _____

Residential Course Dates and Tuition Information:

The Level I course will be held on **February 20th - 26th, 2005**

Non-refundable application processing fee	\$50.00
Tuition:	\$350.00 (or \$300 if 30+ days early)
Residential Costs (Including food and lodging; may vary with venue)	<u>\$350.00</u>
	\$750.00 (or \$700 if 30+ days early)
Costs for those continuing on through the examination process:	
Books and manual	\$ 75.00
Examination	<u>\$ 75.00</u>
Total Cost	\$150.00

Deposit required: \$350.00/\$300 if 30+ days early Enclosed. Circle when completed.

Handwritten letter: _____ Enclosed. Circle when completed.

Please keep one copy of this application and send the original to:

Mount Joy College, PO Box 27103, Victoria, BC V9B 5S4, CANADA

Telephone: (250) 642-1848 or Fax: (250) 642-1841

You may e-mail your application to mtjoycollege@telus.net

You will be notified as to the acceptance of your application either by phone, fax,
E-mail or mail with accompanying information regarding the location of the venue for the training.