

Please paste a recent personal photograph or passport photo in this box. Thank you. This may be sent electronically if you have a scanner

“Journeying With New Members”
PROGRAMME FOR FORMATORS
APPLICATION FORM

FAMILY NAME: **GIVEN NAMES:**

RELIGIOUS NAME: (If applicable)

ADDRESS:

DATE OF BIRTH:..... **CITIZENSHIP:**.....

TELEPHONE: **EMAIL:**

CONGREGATION: **INITIALS OF CONG:**.....

EDUCATION: (Name any tertiary courses completed, theology courses or courses for Formators etc.)

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What is your present ministry?

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Have you had any experience in the area of vocations ministry or initial formation?

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What are your reasons for wanting to do this Programme for Formators?

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I agree that my application, references and autobiography may be made available to the members of the selection committee.

Date: Signature:

Please Note:
Please attach an autobiography of three or four A4 sized pages, including key aspects of your family life, education, work experience and vocational story.

Please return this form with your autobiography to:

By Post: The Director
 Marymount Mercy Centre
 P O Box 307
 CASTLE HILL NSW 1765
 AUSTRALIA

By Email: marymountch@gmail.com

“Journeying With New Members”
PROGRAMME FOR FORMATORS

SUPPORTING APPLICATION

NAME OF APPLICANT:

CONGREGATION:

YOUR NAME:

ADDRESS:

TELEPHONE: **EMAIL:**

How long have you known the applicant and in what capacity?

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What comments would you make on the applicant’s intellectual capacity and emotional maturity?

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.....

Do you think the applicant a suitable candidate for this Programme for Formators? Comment.

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How do you think this Programme will help the applicant in future ministry in his/her Congregation?

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.....

Date: Signature:

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 P O Box 307
 CASTLE HILL NSW 1765
 AUSTRALIA

By Email: marymountch@gmail.com

“Journeying With New Members”

PROGRAMME FOR FORMATORS

SUPPORTING APPLICATION
CONGREGATION LEADER

NAME OF APPLICANT:

CONGREGATION:

NAME OF CONGREGATION LEADER:

ADDRESS:

TELEPHONE: **EMAIL:**

How long have you known the applicant and in what capacity?

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What comments would you make on the applicant’s intellectual capacity and emotional maturity?

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Do you think the applicant a suitable candidate for this Programme for Formators? Comment.

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How will this Programme help the applicant in future ministry in the Congregation?

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How important is it for the Congregation to have the applicant do this Programme?

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Do you have plans to ask the applicant to take up vocations ministry or initial formation?

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.....

Date: Signature:

Please return this form to:

By Post: *The Director*

By Email: marymountch@gmail.com

*Marymount Mercy Centre
P O Box 307
CASTLE HILL NSW 1765
AUSTRALIA*