



TRAINING/HEALING WEEK 2010

*Mt Carmel Christian Convention Centre
Victoria Bay*

28 February – 6 March 2010

APPLICATION FORM

APPLICATION OVERVIEW

Training Venue	<i>Mt Carmel Christian Convention Centre</i> Victoria Bay www.carmel.org.za
Training Dates	28 Feb . 6 Mar 2010
Cost (Payment plans are avail on request)	<i>Early – R2 700.00</i> (apply & pay before 30 September 2009) <i>Normal – R2 950.00</i> (apply & pay before 15 December 2009) <i>Late – R3 300.00</i> (apply and pay before 15 February 2010)
Application Checklist	Application form Y/N R300.00 Deposit Y/N (This deposit will be deducted from your total fee. No application will be processed unless accompanied by this deposit) Testimony (quest 15) Y/N Recommendations (quest 16) Y/N
Please Note	<ul style="list-style-type: none"> • Mail or fax all items to reach the Living Waters office by no later than 15 February 2010. • Upon approval of your application to attend the training, you will be notified and the full balance of the fees (less the deposit) according to the payment plans above, must please be deposited into our bank account and the deposit slip faxed to us. Our banking details are as follows: <p style="text-align: center;">Bank: Standard Bank Branch: Paarl Name of account: Living Waters South Africa Trust Account number:072153733</p> • Please do NOT pay any fees (other than your deposit) or book airline tickets until you have received confirmation that your application has been approved.

Application Details

1. Surname _____

2. First names _____

3. Title _____ Age _____ Gender _____

4. Postal address _____

_____ Postal code _____

5. Tel: Home _____ Work _____ Cell _____

6. E-Mail _____

7. Occupation _____

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8. Are you affiliated to a similar ministry? _____

If so which ministry? _____

Ministry location (City) _____

How long have you been involved? _____

In what capacity? _____

Is the ministry affiliated to Exodus International? _____

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8. What is your personal church affiliation? _____

Church location (City) _____

How long have you been involved? _____

In what capacity? _____

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9. What are your reasons for wanting to attend this training seminar?

a. ____ Personal healing & training

b. ____ Personal healing only

Please give a brief description of why you are attending

10. If you are attending for training purposes, is your desire to be:

a. ____ Part of an existing team

b. ____ Coordinate your own program

11. Should you be released to co-ordinate a Living Waters programme, what are your plans for implementing it? _____

12. Would/does the programme have spiritual covering? Yes No

Explain _____

13. What, in your opinion, enables you to lead, or be part of, an intensive healing programme for people seeking freedom from relational and sexual brokenness? _____

14. What resources do you have for personal accountability, oversight and ongoing healing and growth in your own life? _____

15. Please write your personal testimony (at least 500 but not more than 1000 words), with emphasis on your own healing process in regard to your sexuality (heterosexually or homosexually). Please do so on a separate paper.
16. Please have the attached recommendation forms from your pastor and coordinator completed
17. *“I understand that my participation in a Living Waters training seminar requires my participation in a small group setting in which self-disclosure and personal sharing will be required of me. I also understand that the Living Waters training is an experiential seminar in that I will be receiving healing prayer and personal ministry in large and small group environments.”*

Signature _____ Date _____

I am registering as:

- Individual
- Couple (*please fill out separate applications and mail together*)
- Part of a team (*A team is two or more people attending together with the intention of serving together. Please fill out separate applications and mail together*)
- The other applicants in my team who are applying are (we need this to ensure that you are placed in separate small groups):

1. _____
2. _____
3. _____
4. _____
5. _____

I submit my deposit of R250,00 as follows:

- Cheque enclosed (*Payable to Living Waters South Africa Trust*)
- Direct deposit (*Please fax deposit slip*)

Living Waters Recommendation from Pastoral Overseers

1. Is the applicant applying for his/her own healing, or as a Living Waters **team member** or **coordinator**?
2. Describe his/her qualifications for the role _____

3. If you are planning to sponsor a Living waters group in your church or are currently doing so, please respond to the following:
 - a) We will provide pastoral care for the participant Yes No
 Explain _____

 - b) As a church, we esteem the healing of persons and believe that the healing of sexual and relational brokenness is a process that requires much time and support. Yes No
 Explain _____

 - c) As a church, we view homosexuality as a sin that can be forgiven and a brokenness that can be healed. Given that such a perspective is increasingly unpopular, we will persevere. Yes No
 Explain _____

 - d) As a church, we will cover the Living waters program in prayer and will seek to integrate it within the whole church. Yes No
 Explain _____

Pastor's name _____
 Church name _____ Town/city _____
 Telephone Number _____
 Email Address _____

Pastor's signature _____

Living Waters Recommendation from Program Coordinator

1. In what capacity would you like to see the participant released?

2. What in your opinion qualifies the participant for such a release?

3. Have you explained the requirements for the release to the participant?

4. Is the participant aware that he/she might not be released in this capacity? Please give your comments _____

Coordinator's Name _____

Signature of coordinator