

Supervision Training Program

June 2-June 9, 2017

Application Process - Information

Part 1: Application Form: Fill out, sign, and include a \$50 non-refundable deposit. Send to Kathleen Donnelly, SU (see address below) by May 1, 2016

Part 2: Personal Reflection Form: Answer the reflection questions. If not accompanying the application form, the material may be completed on-line and emailed to Kathleen Donnelly, SU (kdonnelly@st-ursula.org) or mailed to her at Linwood.*

Part 3: Reference Form: Give the reference form to two (2) persons who are in a position to assess your spiritual suitability for the training program, with one being your supervisor or member of your supervision group. Have them complete the form, sign it and then mail it directly to Kathleen Donnelly, SU at Linwood.*

Personal Interview: You will be contacted about scheduling a personal interview with two team members (possibly on the phone or in person). Interviews will be informal and will last no more than 45 minutes. You will receive an email confirmation of your appointment time.

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Deadline for submission of the completed application form: **April 15, 2017**
Total cost of program: \$1,650. Application fee: a \$50 non-refundable fee
must accompany the application.

Upon acceptance into the program, the fee will be applied to total program cost.
Checks should be made out to *Linwood Spiritual Center*. To use a credit card,
go to Linwood website: www.linwoodspiritualcenter.org.

*** Both the references and personal reflections *must*
be received *no later than April 15, 2017*.**

Send completed forms to:

Kathleen Donnelly, SU
Supervision Training Program
Linwood Spiritual Center
50 Linwood Road
Rhinebeck, NY 12572

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Part 1 Personal Information Form 2017

This application process invites you to discern how God might be calling you to the ministry of supervision of spiritual directors. A \$50 non-refundable fee *must* accompany this application. Upon acceptance into the program, the fee will be applied to total program cost. Checks should be made out to *Linwood Spiritual Center*. To use a credit card go to Linwood website: www.linwoodspiritualcenter.org.
Deadline date: **April 15, 2017**

Name _____

Address _____

Phone (indicate home, cell, work) _____

E-mail address _____

Religious tradition _____

Current occupation or ministry _____

Name the Training Program that you have taken relating to spiritual direction training.
(when & where & and explain something of the program)

Tell us something of your current practice as a spiritual director. (Ex. I have seven directees; I accompany four retreatants in the SE in Everyday Life, etc.)

What is drawing you to the ministry of supervision of spiritual directors?

Personal Interview: You will be contacted about scheduling an interview with two team members either in person or by phone. Interviews will be informal and will last no more than 30 minutes. You will receive an email confirmation of your appointment time. .

Signature _____ Date _____

Send completed application form with check by April 15, 2017 to:

Kathleen Donnelly, SU
Supervision Training Program
Linwood Spiritual Center
50 Linwood Road
Rhinebeck, NY 12572

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Part 2 Personal Reflection Form 2017

Please respond *thoughtfully* to the following questions. After you've completed your answers, please choose either "Submit by Email" or "Print" and by mail.

Send printed pages by April 15, 2017 to:

Kathleen Donnelly, SU
Supervision Training Program
Linwood Spiritual Center
50 Linwood Road
Rhinebeck, NY 12572

Name: _____

1. What attracts you to this training program and why do you believe that you are being invited to the ministry of supervision at this particular time in your life?
2. Highlight some significant experiences in your practice of spiritual direction.
(No more than 2 double spaced typed pages, please).
3. What has been your experience of supervision? (giving and/or receiving)

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Part 3 Personal Reference Form 2017

Please address each question indicating your judgment of the applicant's suitability for this supervision training program for furthering his/her spiritual life. After completion, please sign and send to:

Send printed pages by **April 15, 2017 to:**

Kathleen Donnelly, SU
Supervision Training Program
Linwood Spiritual Center
50 Linwood Road
Rhinebeck, NY 12572

Candidate's Name: _____

1. For how long and in what capacity have you been acquainted with the applicant?
2. What is your appraisal of the candidate's level of spiritual and psychological maturity?
3. What is your assessment of the candidate's ability to listen deeply to her own or others' religious experience?
4. Please mention at least one area of the candidate's life or ministry which you feel is in need of growth.
5. Do you wish to share other important information about the applicant?

Name (please print): _____

Signature: _____ Date: _____

Your e-mail address or phone # in the event that we may need further information:
