

APPLICATION FORM

Arrived _____ (to be filled by the office)

BASIC SCHOOL OF PRAYER COUNSELLING WEEKS 1-2 Week 1, Possibilities for transforming the inner man Week 2, Overcoming the barriers for transforming the inner man

Place of the course: _____

Dates of the course: _____

Applicant's first name		Applicant's surname	
Address			
Postal Code	Town	Country	
Phone		E-mail	
Age	<input type="checkbox"/> Less than 20	<input type="checkbox"/> 21 -30	<input type="checkbox"/> 31 - 40
		<input type="checkbox"/> 41 -50	<input type="checkbox"/> 51 - 60
			<input type="checkbox"/> More than 60
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
		Widowed	<input type="checkbox"/>
			Divorced <input type="checkbox"/>
<input type="checkbox"/> Working	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student	<input type="checkbox"/> Pensioner
		<input type="checkbox"/> Other, what _____	

You may also answer the following questions on another paper

- 1. What are your motivations for wanting to attend this training?**
- 2. How are you going to make use of this training?**
- 3. What do you expect to receive by this training?**
- 4. Do you work / do you have responsibilities as prayer/counsellor/therapist/other personal relationship worker?**
 YES NO If yes, specify (as professional, layperson, how much/often.....)
- 5. Your present church/fellowship?**
- 6. Your present function/field of activity in the church/fellowship/house group?**
- 7. Are you in counselling care/therapy/psychiatric care at present?** NO YES If yes, for what reason and how often? (describe shortly)
- 8. Do you have medication?** NO YES If yes, what and for what reason?

To be continued on the reverse side!➔**Elijah House Finland****Address:** Intiankatu 3, 00560 Helsinki, Finland**Phone:** +358 (0)40 593 2335

on-call hours Tuesday-Thursday at 9.00-12.00 am

E-mail: elijah@elijah.fi**Website:** www.elijah.fi

9. **Is there any acute crisis in your life?** (e.g. economical difficulties, unemployment, divorce, death of someone close to you, sickness)

10. **Small groups are essential part of this training. Have you been taking part in any inner healing small groups?**

Name what?

In this current life situation, are you able to listen to the life stories of other people in the group?

11. **This training will include prayer ministering for each others.**

- a) What is your attitude towards praying for each others in the group?
- b) What kind of experiences do you have about praying situations in which personal prayers are given and received?
- c) Have you experienced/received personal healing and restoring by prayer and the Holy Spirit? Specify.

I assure the information given by me to be true.

The information of the application will be worked confidentially. Applications will not be sent back.

Date ____/____/20____ Signature _____

NOTE! ONLY THE APPLICATIONS FILLED COMPLETELY WILL BE NOTICED.

TO BE FILLED BY THE OFFICE OF ELIJAH HOUSE FINLAND:

Registration fee

Approved

Rejected

In reserve

Comments _____