



**CSD AUSTRALIA**  
**APPLICATION FOR MEMBERSHIP**

**Title & Name** .....

**Address** .....

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**Tel** (H) ..... (W) ..... **Mob** .....

**Email** .....

When and where did you receive your formation as a Spiritual Director? .....

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How long was the course? .....

Please explain some of the key emphases of this formation. ....

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What methods of supervision were used? .....

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***Please include a copy of your certificate of graduation, if available.***

If you are not a graduate of a formal program in Spiritual Direction, please outline reasons why you consider yourself qualified as a Spiritual Director. ....

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Do you receive spiritual direction on a regular basis? .....

Are you in supervision as a Spiritual Director? .....

What tradition of worship influences your practice of spiritual direction? .....

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**Please name (and provide contact numbers for) two referees who are CSD members, at least one of whom is familiar with your formation and ministry.** Please ask these people if they are willing to be referees. Normally, they will be contacted by the Chair of CSD Australia.

**Please return this form to:** Tim Moloney cfc, P O Box 171, Surrey Hills VIC 3127.  
or [chair@csdaustralia.com](mailto:chair@csdaustralia.com))