

# Conference of Spiritual Directors Australia



## APPLICATION FOR MEMBERSHIP

Title Mr, Mrs, Ms, Miss, Sr, Fr, Br, Rev, Dr **(Please circle one.)**

**Name** .....

**Address** .....

.....

**Mobile** .....

**Email** .....

## FORMATION

*(Recognised programs are listed on the website of the Australian Ecumenical Council for Spiritual Direction, [www.spiritualdirection.org.au](http://www.spiritualdirection.org.au))*

Name of program .....

Location of program .....

Length of program ..... Date of completion .....

[New graduates from recognised formation programs are given a complimentary year of membership in the following year. If the program is completed by December this is for the following calendar year. If the program is completed by June this is for the following financial year.]

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

.....  
.....

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

.....

*Please include a copy of your qualification certificate.*

## PRACTICE

Do you receive on-going spiritual direction? .....

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

What tradition of worship influences your practice of spiritual direction?

.....

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Do you wish to be included in the **FIND A DIRECTOR** search on the CSD website? **Y / N**  
 Click this link to view the directory. <https://csdaustralia.com/find-a-director>  
 The information returned is: name, mobile, email and State. (which you have already provided)  
 Please provide your locality e.g. Melbourne: Western suburbs, or Melbourne: Footscray.

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Please circle your mode: in person and online; in person only; online only.

Please email a digital portrait photo to be included in the listing. (It will be cropped into a square.)

**REFEREES**

**Please supply details for two referees who are CSD members, at least one of whom is familiar with your formation and ministry.** Please ask the permission of the referees who will be contacted by the National Chair of CSD Australia.

**Referee 1:** Name:.....

Email address:.....

Mobile:.....

**Referee 2:** Name:.....

Email address:.....

Mobile:.....

**APPLICANT DECLARATION**

I, _____ (print name) confirm that:	Tick as applies
<ul style="list-style-type: none"> <li>I agree to be bound by the AECSD Code of Ethics (<a href="http://csdaustralia.com/resources">csdaustralia.com/resources</a>) and to comply with the procedures specified therein.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have never been de-registered or removed from a professional register for ethical reasons.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have not had any proven complaints of professional misconduct, nor performance or disciplinary actions issued against me or my practice in the last 12 months. <i><b>NOTE: If you have had any proven complaints or performance/disciplinary action in the last 12 months, please attach documents outlining the nature and outcome of the complaint.</b></i></li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The information I have provided on this form is true and correct.</li> </ul>	<input type="checkbox"/>

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email: [secretary@csdaustralia.com](mailto:secretary@csdaustralia.com) Website: [www.csdaustralia.com](http://www.csdaustralia.com)

Mobile: 0434 887 673 Tues/Wed Postal address: PO Box 171, Surrey Hills VIC 3127