



Sabbatical Programme Application Form 2018

1. Personal:

Surname: _____

Other Names: _____

Date of Birth: _____ Nationality: _____ Sex: _____

Religion: _____

Congregation/Diocese: _____

Marital Status: _____

Address for Correspondence: _____

Telephone: _____ Email: _____

Home Address (if different): _____

Telephone: _____ Email: _____

2. Educational Background:

- (a) Primary Level: _____
 - (b) Second Level: _____
 - (c) Third Level: _____
- _____

3. Work Experience:

- (a) Positions Held: _____
- _____
- _____
- _____

- (b) Pastoral Experience: _____
- _____
- _____
- _____

4. Health – Have you had a major illness recently?

5. Counselling – are you in counselling or therapy at present?

6. Personal Profile: _____

7. Why are you interested in participating in this Programme at Mount St. Anne's?

8. Expectations:

(a) What do you hope to gain from this Programme at Mount St. Anne's?

(b) What do you feel are your greatest needs at present?

**Names and Addresses of two Referees: (one should be Major Superior/Bishop/Manager)
Mount St. Anne's will make contact:**

Name: (1) _____ (2) _____

Address: (1) _____ (2) _____

Email: _____ Email: _____

Telephone: _____ Telephone: _____

Signed: _____ Date: _____

9. Passport Photograph must be included.

10. Please submit this form by Friday 1st December 2017 to:

Sr. Anne McDermott pbvm,
Mount St. Anne's Retreat and Conference Centre,
Killenard,
Portarlinton,
Co. Laois. Tel: +353 (57) 862 6153 Email: msasabbatical@gmail.com

A non-refundable deposit of €350 payable to Mount St. Anne's on acceptance of application

DATA PROTECTION:

All personal information provided to Mount St. Anne's will be treated in confidence and in accordance with the Data Protection Acts 1988 & 2003. The information provided on this form will be held and used only for the purposes of processing our application for the Sabbatical Programme