



MOUNT JOY COLLEGE APPLICATION FORM

Level I Training in Hope Alive Group Counseling

Personal Information:

Name (Title, First, Last): _____

Home Address:

Street Address

City/Town State/Province Country Postal Code

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Home Phone Number Home Fax Number E Mail Address

Work Address:

Company Name: _____ Your Title: _____ Department: _____

Street Address

City/Town State/Province Country Postal Code

() () _____

Phone Number with Extension Work Fax Number Work E Mail Address

You may contact me at my work address/phone/fax/E-mail. Yes _____ No _____

Date of Birth: _____ Marital Status: _____ # of Children: _____

Religious Affiliation: _____ Denomination: _____

Level of Education completed:

Experience and training in counseling:

** Briefly describe yourself. Enclose a one page, handwritten letter describing yourself and your reasons for taking this course.

For how long do you commit yourself to doing Hope Alive group counseling?

Describe your health:

Are you presently taking any medications? Which and for what reasons?

Describe your interest in this training as well as any concerns or reservations:

What is your intended use of this training? Check 2 only.

- | | |
|---|---|
| <input type="checkbox"/> My own personal therapy | <input type="checkbox"/> Refresher to earlier Hope Alive program. Date: _____ |
| <input type="checkbox"/> Better theoretical understanding | <input type="checkbox"/> Personal maturing |
| <input type="checkbox"/> Use whole program | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Use parts in my practice | <input type="checkbox"/> Other. Explain: |

From your perspective, what are the essentials in counseling for healing:

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain:

Have you ever been convicted of a sexual offense? _____ Yes _____ No

If yes, explain:

Please list your spiritual experiences, Christian and non Christian:

Have you had previous Hope Alive counseling? Yes _____ No _____

Hope Alive training? Yes _____ No _____

Date and location of training and/or counseling:

Enclose names of two individuals willing to give you referral references. Please include phone numbers.

1. Name (Title, First, Last): _____

Home Address:

Street Address

City/Town

State/Province

Country

Postal Code

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Home Phone Number

Home Fax Number

E Mail Address

2. Name (Title, First, Last): _____

Home Address:

Street Address

City/Town

State/Province

Country

Postal Code

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Home Phone Number

Home Fax Number

E Mail Address

Following counseling training, when/if invited to take the Hope Alive training examination, I will use the Hope Alive program as a whole, not in part or melded with other programs. I will use the Hope Alive group counseling method only on completion of the appropriate training, passing the examination, and after gaining the necessary credentials and certification.

SIGNED _____

Dates and Tuition Information:

The next Level I course will be held: September 26th through October 2nd, 2010

Tuition: \$450.00 (or \$400.00 if 30+ days early)
Residential Costs (Including food and lodging) \$450.00 (or \$400.00 if 30+ days early)
\$900.00 (or \$800 if 30+ days early)

Costs for those continuing on through the examination process:

Books and manual \$ 75.00
Examination \$ 75.00
Total Cost \$150.00

We train people in many countries. There are many who would like training but cannot afford it. Would you like to make a donation for someone to attend?

Deposit required: \$350.00/\$350.00 if 30+ days early.

Handwritten letter: Yes _____ No _____ enclosed. .

Please keep one copy of this application and send the original to:

Mount Joy College, PO Box 27103, Victoria, BC V9B 5S4, CANADA

Telephone: 250 642-1848 or Fax: 250 642-1841

You may e-mail your application to: mtjoycollege@islandnet.com

You will be notified as to the acceptance of your application either by phone, fax, E-mail or mail with accompanying information regarding the location of the venue for the training.

Since the program is a Christian mission, before obtaining your certificate to practice, you will be asked to sign and adhere to: the Commitment of Professional Conduct, My Declaration for Life Ethical Statement and the Mount Joy Statement of Faith. We recommend you read these before applying. They can be downloaded from: mtjoycollege.com website.