



## Application Form

### “Introduction to Healing of Memories” Training course leader Fr. Michael Lapsley ssm

**Duration:** 23 March until 1<sup>st</sup> April 2020 (International participants to arrive on the 22<sup>nd</sup> March)

**Closing Date:** 10 February 2020

**Location:** Cape Town, South Africa

<b>SECTION 1: TO BE COMPLETED BY THE APPLICANT PERSONALLY, IN FULL, USING <u>BLOCK LETTERS</u></b>
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1. (i) Your full name ( as on your passport):

Last name: \_\_\_\_\_

First names: \_\_\_\_\_

Name you are known by e.g. nickname: \_\_\_\_\_

(ii) Your formal title for correspondence (e.g. Miss/Mr.) \_\_\_\_\_

(iii) Date of Birth: \_\_\_\_\_

2. Nationality: \_\_\_\_\_

#### CONTACT DETAILS

3. Address for Correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number (including country/city code)

(h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax No: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

5. Please give any information about your health which you think is relevant, or may impact on your attendance of this course:

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any special food requirements?

\_\_\_\_\_  
\_\_\_\_\_

7. Please tell us how you found out about the course:

\_\_\_\_\_  
\_\_\_\_\_

8. How do you rate your own ability in spoken and written English, and in understanding others? (Tick one)

Fluent: \_\_\_\_\_ Adequate: \_\_\_\_\_ Weak: \_\_\_\_\_

9. Name, address and telephone number of a person to be notified in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Your relationship to this person: \_\_\_\_\_

10. What aspects of the course do you regard as most important?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please specify who will be providing the finances for your attendance if it is not yourself:

\_\_\_\_\_

**Tuition Fees: US\$ 600.00 (includes all course materials and excursions related to the course).**

**Accommodation: Full board US\$ 600.00 (10 nights' accommodation and meals)**

**Estimated additional funds required: US\$ 250.00 (for incidental expenses)**

**A non-refundable deposit of US\$600 must be paid into the Institute for the Healing of Memories Account by 31<sup>st</sup> January 2020 to secure your place.**

**The balance fee of US\$ 600.00 is payable into the IHOM account by 25 February 2020. Cancellations after this date will be 75% refunded.**

**SECTION 2**

**DECLARATION TO BE SIGNED BY APPLICANT**

**DECLARATION**

I hereby declare that all of the information contained in this application is valid and factual to the best of my knowledge:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in block letters): \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

**For any information regarding the course, kindly get in touch with:**

Fr. Michael Lapsley SSM ([info@healingofmemories.co.za](mailto:info@healingofmemories.co.za)) or

Clint Bowers ([support@healingofmemories.co.za](mailto:support@healingofmemories.co.za))

**Banking Details**

*Standard Bank Mowbray Branch*

*Main Road, Mowbray, Cape Town*

*Branch Code: 024909*

*Name of account: Institute for Healing of Memories*

*Account Number: 075133164 (Marketlink Account)*

*Swift Code: SBZAZAJJ*