

## Holy Listening Course 2025 — 2026

### Application Form

Surname

First name:

Title:

Date of birth:

Occupation:

Address:

Tel:

Email:

Current church / community:

Do you have experience of receiving spiritual direction?

YES / NO

Have you received any previous training in spiritual direction?

YES / NO

Please outline your reasons for your application:

Please give the name and contact details (including email address) of two people whom we have permission to contact as a referee, if you are selected for the course. The first referee should be the senior leader in the church or community which will be sponsoring your training. If you are the senior leader, the first referee should be a significant colleague who knows you well (e.g. associate minister, area dean, prior, superintendent etc).

**Referee 1**

Name:

Address:

Tel:

Email:

**Referee 2**

Name:

Address:

Tel:

Email:

The closing date for applications is **Friday 27th September**.

Please indicate dates you would be available for interview  
(you may tick more than one option):

- Monday 14 October** (9.30am—11.30am)
- Monday 14 October** (2.00pm—4.00pm)
- Wednesday 16 October** (9.30am—11.30am)
- Wednesday 16 October** (2.00pm—4.00pm)

Successful candidates will be informed by Friday 25 October.

Please return this form via email (to [hl@launde.org.uk](mailto:hl@launde.org.uk) with 'Holy Listening Application' in the subject line) or via post (to Holy Listening Applications, Launde Abbey, LE7 9XB)