



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

() ()

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 _____

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

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 _____
() _____ () _____
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 _____
() _____ () _____
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: **APRIL 17-25, 2015**
(Victoria, Canada)

Tuition for CANADA:	\$500.00 (or \$450.00 if 30+ days early)
Residential Costs (Including food and lodging)	<u>\$450.00</u>
	\$950.00 (or \$900 if 30+ days early)
Costs for those continuing on through the examination process:	
Books and manual	\$ 75.00
Examination	<u>\$ 75.00</u>
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 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) 642-2844 or Fax: (250) 642-1841
You may e-mail your application to: admin@mtjoycollege.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: www.mtjoycollege.com website.