

i-SKY Spiritual Guidance Application

Name:

Address:

Date of Birth:

Telephone:

Email:

Skype ID:

Please select your preferred means of contact below:

Telephone

Email

Skype

Please list any current (or relevant past) Medical Treatment or Conditions:

Personal Statement (Please detail any other relevant circumstance):

Please state preferred days & times for appointment (30 - 60 mins)

Please tick all applicable boxes below:

I am not a current member of an i-SKYteam

OR

I am currently involved in an i-SKYteam in (enter country) [Click here to enter text.](#) as ticked below/overleaf (please tick all that apply):

I am currently involved in an i-SKYteam as:

- AIDE: Volunteer who assists us in a specific way
- INTERN: Assists on a training program
- OWNER: Hosts and co-owns one or more programs with i-SKY Training Ltd
- AFFILIATE Owner: Owns one or more programs accredited through i-SKY Training Ltd.
- ADMINISTRATOR: Organises one or more programs with i-SKY Training Ltd.
- Trainers: Deliver the i-SKY programs. There are three categories of Trainer:
 - ASSOCIATE Trainer: Can deliver specific parts of a program
 - PROFESSIONAL Trainer: Can deliver any part of a program
 - LEAD Trainer: Can supervise a team to deliver a program.
- MENTORING Lead Trainer: Oversees the progression of Trainers
- SUPERVISOR: Supports the process of spiritual supervision
- STAFF: Employee

Please check all applicable boxes if you are an i-SKYteam member or just check the first box if you are not.

Please return by email to: admin@i-sky.net

or by mail to:

***i-SKY
34 Culver Road
Newbury
Berkshire
RG14 7AR
U.K.***