

APPLICATION FORM



St Joseph's Baulkham Hills

ABN 20 144 962 774

SABBATICAL – Invitation to Wisdom-Mission, Conversion & Transformation A Sabbatical for Members of Religious Congregations

2 March 2025 – 13 April, 2025

Personal Details

Title: (please circle)	Sr	Br	Fr
Frist Name:	Surname:		
Christian name as you would like it on name tag:			
Religious Congregation:			
Address:			
Suburb/Town:		Postcode:	
Postal Address: (if different from above)			
Contact No:			
Email:			
Date of Birth:		Citizenship:	

Emergency Contact Details

Name:	Relationship:
Contact No:	Email:

Current Health Information

As you will be our guest for 6 weeks, we would appreciate a history of any significant health issues of which we need to be aware. This information will ensure your wellbeing during your stay with us.

How would you describe the general level of your health?

Do you suffer from any chronic conditions which are likely to affect your participation in this program?

Do you have any mobility issues? Please indicate the nature of such.

Dietary Requirements

Do you have any dietary requirements? (Please circle)	YES	NO
If yes, please specify:		

Support and Endorsement for this application

To process your application, we require the endorsement of Congregational / Provincial / Regional or Community Leader	
Name:	
Signature:	

How did you hear about the Program?

This program will include the options of massage, yoga, and creative arts. All options are included in the program costs.

Deposit Details

Deposit of \$1,470 is to be paid on submitting this Application Form.
Please return this Application Form to bookings@stjosephscentre.org.au
Or post to St Joseph's Baulkham Hills, PO Box 7386, Baulkham Hills BC NSW 2153

Methods of Payment

- Direct Transfer BSB: 012228 | A/C: 8657541
International Payments | Swift/BIC code (IBAN) ANZBAU3M
- Cheque Payable to **Spirituality Ministry of the Sisters of St Joseph**
- Credit Card For Credit Card payments, please contact the Centre during business hours on 02 9634-2317.

Please provide the following information of whom the invoice should be addressed and sent to for final payment.

Full Name:	
Company Name: (if applicable)	
ABN No: (if applicable)	
Contact No:	
Postal Address:	
Email:	

Thank you for your application. We will be in contact soon.