



HATFIELD CHRISTIAN CHURCH NORTH

SOUL CARE CENTRE

APPLICATION

TITLE (Mr.; Mrs.; Mss.)		INITIALS		SURNAME	
FIRST NAMES					
HOME ADDRESS	_____				
POSTAL ADDRESS	_____				
TEL (H)	0 _____	TEL (W)	0 _____	TEL (C)	0 _____
AGE:		DATE OF BIRTH		SEX	
OCCUPATION				HOME LANGUAGE	
WHEN ARE YOU AVAILABLE FOR MINISTRY?			MORNING	AFTERNOON	EVENING
			Monday	Tuesday	Wednesday
			Thursday	Friday	
INDEMNITY					
<p><i>Neither the Hatfield Christian Church North (HCCN) nor any of its members or employees shall be liable for any personal injuries to and of whatsoever nature nor of the death of any persons, the loss of or damage to, or to any property of whatsoever nature in the premises or outside the premises, howsoever caused or arising for whatsoever reason(s) and whether by reason or the default or negligence of the HCCN or any said persons otherwise.</i></p> <p><i>I _____ hereby indemnify the HCCN and it's members and employees against any claim of whatsoever nature and choose to make use of their assistance / counseling / ministry. I take full responsibility for any decision, choices and actions I make in conjunction with the counseling support I receive. I understand the full meaning and content of this document.</i></p> <p><i>The counseling you will receive will be based on Biblical values and principles .You may be referred to other helping professionals should it be necessary. Information shared during counseling will remain CONFIDENTIAL within limits. It is our legal, moral and ethical responsibility to inform the HCCN Leadership, or authorities if you are involved in any illegal, immoral or unethical activities. We will especially be required to breach confidentiality to inform (potential) victim (s), their families and or law enforcement officials if you threaten to harm or endanger yourself or another person in any way.</i></p>					
SIGNED				DATE	
If under 18 years, parent(s) / guardian must give consent for you receiving Soul Care Ministry					
NAME AND SURNAME OF PARENT/GUARDIAN					
SIGNED				DATE	
SPIRITUAL BACKGROUND					
CHURCH DENOMINATION			DURATION		

MINISTER'S NAME		TEL NO					
HOW OFTEN DO YOU ATTEND CHURCH SERVICES?							
DO YOU BELONG TO A CELL / BIBLE STUDY GROUP?			Yes No				
LEADER'S NAME		TEL NO					
DO YOUR CHURCH/ CELL LEADERSHIP KNOW YOU HAVE APPLIED FOR COUNSELLING?			Yes No				
DO YOU CONSENT TO THEM BEING INFORMED OF YOUR PROGRESS?			Yes No				
HAVE YOU MADE A COMMITMENT TO JESUS CHRIST AS LORD AND SAVIOUR? - WHEN?			Yes No				
ARE YOU WATER BAPTIZED ACCORDING TO ACTS 2:38? - WHEN?			Yes No				
ARE FILLED WITH THE HOLY SPIRIT ACCORDING TO ACTS 1:8? - WHEN?			Yes No				
DESCRIBE YOUR PRESENT RELATIONSHIP WITH THE LORD		<hr/> <hr/> <hr/> <hr/> <hr/>					
FAMILY BACKGROUND							
MARITAL STATUS	Single	Married	Separated	Divorced	Living together	Widowed	
NAME OF SPOUSE:			OCCUPATION				
DO YOU HAVE YOUR SPOUSE'S CONSENT TO BEING COUNSELLED?					Yes	No	Uncertain
IS YOUR SPOUSE WILLING TO PARTICIPATE IN YOUR COUNSELLING?					Yes	No	Uncertain
HAVE YOU EVER BEEN SEPARATED? - WHEN?					Yes	No	
Marriage (s): Please give the following information.							
NAME		YOUR AGE	THEIR AGE	DATE MARRIED	DURATION	REASON ENDED	
Children: Please give the following information. (Also include illegitimate children)							
NAME	AGE	SEX	FROM WHICH MARRIAGE	SELF SUPPORTING	MARRIED	STILL ALIVE	AGE AND CAUSE OF DEATH
MEDICAL/ HEALTH BACKGROUND							
PHYSICAL HEALTH STATUS				_____			

DESCRIBE ANY PHYSICAL PROBLEMS OR HANDICAPS THAT REQUIRE MEDICATION OR PHYSICAL CARE			
MEDICAL PRACTITIONER	DR.	TEL NO	
CURRENT MEDICATION	FOR WHAT PURPOSE		
HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? – WHEN?			Yes No
COUNSELING / THERAPY / MENTAL HEALTH CARE BACKGROUND			
HAVE YOU BEEN IN COUNSELING / MENTAL HEALTH CARE?			Yes No
Please give details			
WHEN?	BY WHOM?	FOR WHAT?	
HAVE YOU EVER TAKEN MEDICATION PRESCRIBED FOR EMOTIONAL REASONS?			Yes No
Please give details			
WHEN?	WHAT MEDICATION	FOR WHAT?	
WHAT HAS PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?			
PLEASE DESCRIBE	<hr/> <hr/> <hr/>		
	Possible reasons:		
ABUSE	PARENTAL	BEREAVEMENT	SELF ESTEEM
ADDICTION	DEPRESSION	WORK	DIVORCE
SEXUAL ISSUES	STRESS	FAMILY	ANGER
AGGRESSION	RELATIONSHIP	SUICIDE	SPIRITUAL CONCERNS
TRAUMA	FEAR	ANXIETY	REJECTION
MARRIAGE	FINANCIAL	LONELINESS	PRE-MARITAL
WHAT WOULD YOU LIKE TO ACHIEVE? Describe what change(s) you would like to make in your life and relationships as a result of coming for ministry.	<hr/> <hr/> <hr/>		