

**ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES
BANGALORE-560 034**

CLINICAL PASTORAL COURSE APPLICATION FORM

Name _____

Present Mailing Address _____

_____ Pin _____

Permanent Address _____

_____ Pin _____

Phone (H) _____ (W) _____ Email _____

Date of Birth _____

Religion _____

If Catholic Lay _____ Finally Professed _____ Ordained _____

Educational Background _____

Sponsored Yes ___ No ___

If Yes, Address of the Sponsor _____

If priest or religious, Address of the Bishop or Superior

1. Have you ever worked in Health Care? Yes ___ No ___
If Yes, Describe in what capacity.

2. Whose idea was it that you should apply for this course?

3. In one sentence, please state the purpose of you wanting to do this course.

4. In one sentence, please state what work or ministry you are engaged in at present?

5. Do you suffer from any health problems at present?

6. Will you be available for a personal interview at St. John's?

If Yes, Indicate your preferred timeline and contact number:

If No, Provide us with a phone number for telephone interview:

7. Attach a recent photograph

I would like to do the Clinical Pastoral Course at John's National Academy of Health Sciences from February 21 to March 31, 2012.

Signature of applicant

Date