

 **Deepening Discipleship Application Form**

**Summer 2025 – Diocesan House, Canterbury**

**Closing Date: 21 May 2025**

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| * 5 June 2025, 7.00pm-8.30pm
* 12 June 2025, 7.00pm-8.30pm
* 19 June 2025, 7.00pm-8.30pm
* 26 June 2025, 7.00pm-8.30pm
 | * 10 July 2025, 7.00pm-8.30pm
* 17 July 2025, 7.00pm-8.30pm
* 24 July 2025, 7.00pm-8.30pm
* 31 July 2025, 7.00pm-8.30pm
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**Dear Deepening Discipleship Applicant**

Please complete sections 1-6 and return to Sarah Lucas, slucas@diocant.org or Diocesan House, Lady Wootton’s Green, Canterbury, CT1 1NQ

**1. Personal Details**

Title: First Name: Surname:

 Address:

  Postcode:

Tel (Day): Tel (Eve): Mob:

Email: Date of Birth: / /

Emergency Contact Name and Tel:

Include / Do not include my name / email / telephone/ on student and tutor contact list. (Delete as required)

**2. Personal Requirements**

Do you have any physical or other disability / condition which might necessitate special arrangements? Yes / No (delete as appropriate) If yes please give details:

Please give details of any medical conditions (including prescribed medication) we need to be aware of in case of an emergency. (Not required for online courses)

Dietary requirements - e.g., Vegetarian, Dairy free (Not required for online courses)

The medical information on this application is for use by Deepening Discipleship Staff and will not be divulged to any other persons with the exception (in the event of an emergency) authorised medical personnel.

**PTO**

**3. Please give a brief summary of why you’d like to participate in a Deepening Discipleship**

 **course and what you hope to gain from it.** (Optional but helpful)

**4. Course Accompanier Details.**

A course accompanier is someone who the course participant can meet with over the period of the course to reflect on its application to the participant’s discipleship journey. If you need help finding an accompanier contact Sarah Lucas, slucas@diocant.org or speak with your incumbent.

Guidelines for Course Accompaniers accompany this application form.

Title: First Name: Surname:

Tel: Email:

**5. Incumbent and Parish Details**

Incumbent Name:

Parish: Deanery:

**6. Applicant Signature**

Signature / E-Signature:

Name (Printed): Date: / /