

APPLICATION FOR A HEALING WEEK
TORONTO AIRPORT CHRISTIAN FELLOWSHIP

*Completion of this form does not automatically mean
acceptance to A Healing Week.*

Please Print Clearly Mr Mrs Miss

Name: _____

Age: _____

Occupation: _____

Address: _____

City: _____

Prov. & Country: _____

Postal Code: _____

Phone (Home): _____

Phone (Work): _____

Email: _____

1. Name of church you are currently attending?

How long have you been attending? _____

Do you attend: Regularly Occasionally

Are you involved in ministry at your church?
(i.e. Sunday School, Worship Team, Ministry Team etc.)

Yes No

2. Name of Minister/Pastor/Leader:

May we contact him or her? Yes No

Phone: _____

Please note that TACF and the ministry offered by A Healing Week

Please note that TACF & the ministry offered by a Healing Week is not a professional counseling service.

If you have been involved in any unlawful activity: i.e. criminal activity; abusive: physical, sexual or pedophilia, etc., you need to be aware that if incriminating information comes out during the ministry time, we are obligated to report it to the authorities.

3. Describe the nature of your problem briefly:

4. The following information will give us some understanding of the ministry you are wanting.

Please check boxes and give brief details where applicable.

Marital Stress: _____

Emotional hurt: _____

Phobias/fears: _____

Addiction: _____

Other: _____

Form continues over the page...

Please return the completed Form to:-

"A Healing Week"
c/o PRAYER & CARE
TORONTO AIRPORT CHRISTIAN FELLOWSHIP
272 ATTWELL DR.
TORONTO ON M9W 6M3
CANADA
(416) 674-8463, Prayer & Care Ext. 2251

Are you experiencing difficulty with any of the following:

- Marriage Spouse Children
- Authority God Church
- Sexual problems Other: _____

Have you received, or are you currently receiving any medical or psychiatric help concerning your present needs?

- No Yes. Details: _____

Are you currently on any medication? No Yes.

Details: _____

Have you received or are you currently receiving any counseling/help concerning your present need?

- No Yes. Details: _____

Have you or your family been involved in a religion or belief system other than Christianity?

- No Yes. Details: _____

6. Please give any other information that you feel would be helpful in our understanding your problem. (If needed attach another sheet to this request).

7. Describe what change(s) you would like to make in your life and relationships as a result of coming to A Healing Week.

8. Applicants Signature: _____

Date: _____

Comments: _____

9. Preferred attendance for A Healing Week:

Priority 1. Month: _____ Week: _____

Priority 2. Month: _____ Week: _____

Priority 3. Month: _____ Week: _____

10. **Payment to be made by cheque or credit card in Canadian Dollars only. A Credit Card form is below for your use. Please return to the address shown at the bottom of the first page.**

..... **THIS SECTION FOR OFFICE USE ONLY**

Received By: _____

Date: _____ Letter/Email Sent: _____

Phone Follow Up: _____ History: Out In

Ministry Team Assigned: _____

Date Commencing: _____

Deposit Received: \$ _____ Balance Due: \$ _____

Comments: _____

CREDIT CARD PAYMENT FORM for A Healing Week

Visa Master Card American Express

Card # Expiry Date

/

Deposit amount per person: CDN \$200

(All payments are to be made in Canadian Dollars)

Signature: _____