



DOXA DEO



SoulCare
FULLY RESTORED

Doxa Deo Brooklyn Campus – SoulCare Ministry Application.

| | | |
|-------------------|---------------------------------------|---------------------------------|
| Name & Surname: | Email: | |
| Cell Phone: | Gender: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Church attending: | Age: | Home Language: |

Have you received ministry from a Sozo or SoulCare team in the past? Yes No

| | | |
|--|-------|------------|
| Where? | When? | With whom? |
| Why would you like to receive a SoulCare? | | |
| Who referred you to the SoulCare Ministry? | | |

NB! Would you mind if someone of the opposite gender sits in on your session? : _____

Are you currently receiving counselling? Yes No

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|--------------------|
| If yes, with whom? |
|--------------------|

Do you use medication for depression? Yes No

Are you part of a cell group/ small group/ connect group? Yes No

Please indicate the times that you will be available for an appointment – give at least 3 options:

| | | |
|---|--|---|
| Monday <input type="checkbox"/> 9:00 <input type="checkbox"/> 18:00 | Tuesday <input type="checkbox"/> 18:00 | Wednesday <input type="checkbox"/> 09:00 <input type="checkbox"/> 18:00 |
| Thursday <input type="checkbox"/> 9:00 <input type="checkbox"/> 18:00 | Friday <input type="checkbox"/> 09:00 | |
| Notes on your availability in the next 6 weeks (e.g. Business trip week of 6 March) | | |
| Additional notes | | |

*****Allow 3 hours for the appointment. Appointments are limited on Saturdays.**

*****Donation: We do not charge a consultation fee, but donations for SoulCare are welcome. This can be done by means of an EFT (Doxa Deo; ABSA Bank 4074057952; Branch 632005; Reference: BLSoulCare+Name).**

Signature _____

Date _____