

All Ireland Spiritual Guidance Association



Full Membership Application Form – Path One

*Applicants are advised to read ‘**Criteria for Full Membership**’ (to be found in the AISGA Information Booklet) before completing this form.*

1. Personal Details

Surname: _____
First Name: _____
Date of Birth: _____ Religious Affiliation: _____
Occupation: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____
Mobile Number: _____
Professional Membership of other organisations _____
Associate Member of AISGA since: Date: _____

2. Code of Ethics *(Clause D of Criteria for Full Membership refers)*

I have **read, understood** and I am **willing to abide** by
AISGA’s Code of Ethics.

Signed _____
Date _____

Membership Directory

I wish/do not wish to be included in the AISGA Membership Directory

Signed _____

3. Administration Fee:

I have included the Administration fee of € 20

(Office use only : Receipt Number _____ Date received _____)

4. An Associate Member may apply for Full Membership

by either **Path One** or **Path Two (use separate form)**.

I am applying under Path One: Yes: ☐ No: ☐ *(Please tick box)*

I am applying under Path Two: Yes: ☐ No: ☐

5 *Path One*

Core Courses *(Clause A of Criteria for Full Membership refers)*

Evidence of successful completion of core course training and course details must be submitted with this form. Photocopies of all relevant certificates etc. must be attached, e.g. two years training in Spiritual Guidance etc.

I attended courses on; Spiritual Guidance ☐ Spirituality ☐ Scripture ☐

 Theology ☐ Psychology – Psychotherapy – Counselling ☐

(Please tick whatever is appropriate.)

1. Name of Course: _____

Third Level Institute: _____

Spiritual Centre/ Programme: _____

Commenced: _____ Finished: _____

2. Name of Course: _____

Third Level Institute: _____

Spiritual Centre/Programme: _____

Commenced: _____ Finished: _____

6. Experiential Training / Practice *(Clause B in Criteria for Full Membership refers)*

(a) Details of experience as Spiritual Guide during training:

(b) Post Training experience as Spiritual Guide:

(c) Supervised Practice (*Clause B of Criteria for Full Membership refers*)

- a) Group / Triad work _____
Individual work _____
b) Form of Supervision: Peer __ Team __ Group __ External Supervisor __
c) Frequency of Supervision _____
d) No. of Supervised Hours completed to date: _____

(d) Current Supervisor (*Clause B and C of Criteria for Full Membership refers*)

Supervisor's Name: _____

Address: _____

Qualifications / Training: _____

Professional Membership of organisations : _____

Note: Supervisors report form must be filled out and returned to the applicant and submitted with application.

(e) Additional information

7. Personal On-Going Renewal in Ministry (*Clause C of Criteria of Full Membership refers*)

Other Relevant Training:

Personal Work:

Reading / Study:

Other Relevant Information:

(One page , 200 words)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Signed : _____ Date : _____

I wish to apply for accreditation as a Full Member of AISGA.

Signature of Applicant: _____ **Date:** _____

SUPERVISOR'S REPORT FORM

This report must be completed and returned to the applicant by the Supervisor for inclusion in the applicants documents.

Name of Supervisor: _____
Address: _____

Telephone Number: _____ Email _____
Qualifications/Training: _____
Professional Memberships: _____
Model of Supervision : _____

1. Name of Supervisee: _____
Period of Supervision: From _____ to _____
Frequency of Supervision: _____
Total number of Supervision Hours: _____
2. Has the supervisee a reflective awareness of the movement of the Spirit in their own life? _____

3. Does the supervisee have a capacity to recognise and adapt to the level of growth in prayer and spirituality of the directee? _____

4. What is the supervisee's key strength as a Spiritual Guide? _____

5. Does the supervisee have a developing awareness around issues of transference and counter transference? _____

6. Can the supervisee recognise in the directee when there is a need for appropriate professional care or referral? _____

7. Any other comments? _____

8. Signature of Supervisor _____ Date _____