

APPLICATION FORM

ST. JOHN PAUL II SABBATICAL CENTRE



CATHOLIC DIOCESE OF MURANG'A

DECLARATION OF INTEREST

(This form is to be filled by the participant. Information is treated as confidential)

I wish to apply for the St. John Paul II Sabbatical course. I understand that the normal fee is **kshs.200000 [2000 DOLLARS] which is to be paid on arrival or before. If you pay in the bank kindly bring the bank slip.**

(Use BLOCK LETTERS)

PERSONAL INFORMATION

Title: :

Full Name :

Gender : Male Female Date Of Birth : D D M M Y Y

Full Address :

Status : Single Married Divorced Other

Country : City :

Diocese/ Congregation : Phone Number:

E-mail :

Preferred Session :

SESSIONS

JANUARY-MAY

AUGUST-DECEMBER

ABOUT THE COURSE

Do you have any question about the course for clarification? Please write here if any

Have you had any counseling or therapy? Please give details.

Do you presently have any medical conditions or disabilities? Please give details

Do you have special dietary or other needs? Please give details

PROVIDE

1. A letter describing your desires and intentions for this course.
2. Two recent passport size photographs.
3. Detailed Curriculum Vitae
4. Recommendation letter from the Arch/Bishop or Superior General.

You will need: Pocket money - the participant makes arrangement with the Arc/Bishop or the Superior General.

FOR PRIESTS

Alb, Stoles(for all liturgical seasons) New Office Book, Bible, Writing Materials (Pens, full scarps), File, Personal effects & Medical needs(if any).

FOR SISTERS/BROTHERS

New Office Book, Bible, Writing materials (pens, fill scarps), File, Personal effects & Medical needs(if any).

I have attached :

- My two passport sized photographs
- My detailed Curriculum Vitae
- My letter describing my desires and intentions for this course

*I understand that **smoking** is not allowed on the property, including participant's **rooms**, and agree to comply with this rule. I also agree to comply with other rules & regulations of the program. **KEEPING ALCOHOL IN THE ROOM IS NOT ACCEPTABLE**. In case of **SICKNESS** each Arch/Bishop or Superior makes arrangements about medical care for the participant/s.*

NB: The Management reserves the right to admit or ask someone to leave the course when one is deemed not to comply with the Rules and Regulations of the Program or seems to be an alcoholic.

KINDLY NOTE THAT ITS THE RESPONSIBILITY OF THE DIOCESE/CONGREGATION TO TAKE CARE OF THE MEDICAL EXPENSES THAT THEIR PARTICIPANT/S MAY INCUR DURING THE SABBATICAL PERIOD.KINDLY ADD MEDICAL FEES OF **KSH 20,000.00 [200 DOLLARS]** WHICH WILL BE REFUNDED IF NOT USED. VISA EXTENSION SUPPORT (INTERNATIONAL PARTICIPANTS) : USD 100. TRANSPORT FROM THE AIRPORT (INTERNATIONAL PARTICIPANTS) : USD 70.

BANK DETAILS

ACCOUNT NAME : JOHN PAUL II SABBATICAL CENTRE

BANK : CO-OPERATIVE BANK MURANG'A BRANCH

ACCOUNT NUMBER : 011 284 224 409 00

SWIFT CODE : kcookena CO-OPERATIVE BANK OF KENYA MURANG'A BRANCH

IF PAYMENT IS DNE THROUGH THE BANK, KINDLY COME WITH THE BANK SLIP

FEEL MOST WELCOME

For any assistance, please contact :

Program Administrator: Fr. Stephen (+254-720-724-337)

Email: info@stjohnpaul2sabbaticalcentre.com

Name of Applicant : _____

Signed : _____

Signed by Ordinary/Religious Superior: _____

Date : _____

FOR MORE DETAILS

P.O. Box 734 – 10200 Murang'a

info@stjohnpaul2sabbaticalcentre.com

+254-720-724-337

jp2sabbaticalcentre2014@gmail.com

THANK YOU FOR YOUR INFORMATION