



Bethel Sozo Application Form

Name:

Date:

Male / female (please circle)

Age if under 18 -

Address:

Tel numbers:

Email address:

Preferred method of contact:

Availability for appointments:

Appointments are currently available Monday evening or Friday.

Family composition:

Siblings:

Marital Status:

How did you hear about Bethel Sozo?

What is your understanding of Sozo Ministry?

Have you received Sozo ministry before?

Are you currently receiving counseling or therapy?

Why would you like to receive Sozo ministry?

Are you part of a house group or prayer triplet? Or do you have someone you can talk to about your Sozo journey?

Any other relevant history or information: including any relevant mental health issues, relevant physical problems, family issues, fears about ministry etc.....

Please return to Vanessa Love in the church office. Mon – Fri 9:45 – 2.15pm

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A Congregation of the Scottish Episcopal Church & Worldwide Anglican Community. Scottish Charity No: SC015206.

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