



**Name:**

**Date:**

**Male / female (please circle)**

**Address:**

**Tel numbers:**

**Email address:**

**Preferred method of contact:**

**Availability for appointments:**

**Appointments are currently available Mon & Thurs eve, Wed. & Fri during the day**

**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 counselling 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.....

*There is no charge for our Sozo ministry but if you would like to make a donation we will use this to fund and extend the ministry. Please put in the office in an envelope marked Sozo. Many thanks*

Please return completed form to Vanessa Love in the Church Office