



CHRISTIAN PRAYER MINISTRIES

CHARITY NUMBER 1090856

Application to attend a Prayer Ministry Course

I would like to attend the course at..... on.....

1. Surname (block letters)..... Title..... Age.....

2. Christian name (as you would like to be called).....

3. Address.....

.....Post code.....

Telephone No..... e-mail address.....

Tick this box if you do **not** wish us to send you CPM information in the future.

4. The church I currently attend is.....

5. Length of time of church commitment.....

6. Any current responsibilities in your church.....

7. Are you affected by any special circumstances, such as pregnancy, depression, bereavement;
or are you on any medication.....

8. What I hope the course will do for me.....

Signed..... Date.....

*If you have had a previous CPM Prayer Ministry Appointment, would you please complete this section
With the PLACE and DATE of the most recent:*

1.....

2.....

3.....

**Please post the completed form with a cheque (non-refundable) made payable to
'Christian Prayer Ministries', for £40 to: Mike Pagett, 'Fernhill', Linton, Bromyard, HR7 4QJ.
Bursaries are available in exceptional circumstances of hardship and you should contact the above
prior to sending an application and cheque.**

Website: www.cpm-uk.org



AGREEMENT TO RECEIVE PRAYER MINISTRY

Declaration to be made by the Person receiving Prayer Ministry:

1. I understand that I am to receive Prayer Ministry and not counselling and that in most circumstances, the persons providing me with Prayer Ministry will not be professional counsellors or psychological practitioners.
2. I understand that apart from the condition in clause 3 below, everything I share in this and subsequent Prayer Ministry Appointments is in confidence and will not be disclosed without my permission being granted.
3. I understand that in the event of my sharing information which might indicate that a young person or vulnerable adult is at risk from abuse, or if I am a danger to myself or others, the appropriate authorities will be informed.
4. I understand that I am here voluntarily and that I am free to leave at any time.
5. I understand that I am under no financial obligation in respect of this or subsequent Prayer Ministry Appointments.
6. I recognise that it is my responsibility to work with God and co-operate with my Prayer Ministers in the healing process.
7. I understand that my Prayer Ministers will follow the Christian Prayer Ministries 'Code of Ethics and Practice'.
8. I understand that if I am unhappy about any aspect of my Prayer Ministry I may make a formal complaint using the procedure described in the 'Code of Ethics and Practice'.
9. If during my Prayer Ministry Appointment I disclose information which indicates that I might cause harm to myself or others, I give my consent to contact the person who is responsible for my pastoral care.

Please Print your

Name: _____

Address: _____

Postcode _____

Phone: _____ (daytime) _____ (evening)

Signed: _____ Date: _____

This part to be filled in by the Lead Prayer Minister at the course

Name of Lead Prayer Minister: _____

Name of Support Prayer Minister: _____

Date: _____