DOXADEO SoulCare
FULLY RESTORED

DOXADEO LifeCENTRE

APPLICATION FORM

Name & Surname:	**E-mail:**
Cell:	**Gender:**
Church you attend:	**Age:**

Did you receive "Soul Care" (or Sozo) ministry before?

Yes	No

If Yes,
Where? _____

When? _____

Your reasons for applying for "Soul Care" _____

_____

Who referred you? _____

NB! Do you mind if someone of the the opposite sex is part of your SoulCare team?

Yes	No

Do you currently receive counseling?

Yes	No

_____

Do you use medication for stress/depression/anxiety or insomnia, etc.?

Yes	No

Are you part of a fellowship group?

Yes	No

Please select your preference:

Morning ☐	**Evening** ☐
Ladies Team	Mens Team
09:30	18:30

Please take note of the following:

- Allow 3 hours for your session
- We don't charge a consultation fee but we do welcome donations towards our SoulCare ministry.
- EFT:
  Doxa Deo Kameeldrift
  ABSA Bank
  Rekening Nr: 4074059077
  Reference: SoulCare+Name

Applicant Signature **Date**

Office Use:	**"Soul Care" date:** .....
Team: 1.	2. .....