



## Candidate's Application Form

# Men's/Women's 52

**5pm Friday 29 August to 4.30pm (approx.) Sunday 31 August 2024**

CATALINA CONFERENCE CENTRE, 171 Dorrington Rd, RATHMINES NSW

Fully catered accommodation for 2 nights/2 days

**Cost: \$400 shared room  
\$500 single room**

Limited single rooms are available on a needs basis (some with shared bathroom facilities).

**Please circle your preference.**

### Payments can be made by:

Direct Debit: BSB: 705077 Account: 00041127  
Ref: MW52 Candidate's surname

Cheque: Make payable to Newcastle Anglican Cursillo

### Cheque and/or completed forms to:

Cursillo Applications, PO Box 174, WARATAH NSW 2298

**Closing date for applications is 31<sup>st</sup> July 2025**

|                          |  |                 |  |
|--------------------------|--|-----------------|--|
| <b>Part 1: CANDIDATE</b> |  |                 |  |
| Name:                    |  |                 |  |
| Preferred Name:          |  |                 |  |
| Date of Birth:           |  | Marital Status: |  |
| Address:                 |  |                 |  |
| Home Phone:              |  | Mobile:         |  |
| Email:                   |  |                 |  |
| Parish:                  |  |                 |  |

| <b>Emergency Contacts</b>   |  |               |  |
|---|--|---------------|--|
| Emergency Contact 1:  |  | Relationship: |  |
| Home Phone:   |  | Mobile:       |  |
| Emergency Contact 2:  |  | Relationship: |  |
| Home Phone:   |  | Mobile:       |  |
| Do you have skills which you are willing to share at future Cursillo weekends/gatherings e.g. musical instruments played, IT skills. Please state:  |  |               |  |
| Dietary Requirements:   |  |               |  |
| Medical Conditions:   | Do you have any medical conditions which the Lay Director needs to be aware of? If so, please state:   |               |  |
| Medications:  | If you are bringing medications to the weekend, where will they be kept?   |               |  |
| Allergies:  | Do you have any allergies that the Lay Director needs to be aware of e.g. allergic to bee stings?<br><br>If so please bring necessary medications/treatments with you. |               |  |
| Special Needs:  | It is vital for the Lay Director to be told if you have any other special needs. This information will be kept confidential by the Lay Director.                       |               |  |
| <b>Signed by Candidate:</b>   |  | <b>Date:</b>  |  |
| <p><b>Note:</b></p> <p>Please be aware that there will be times of silence during the weekend.</p> <p>Additionally, a list of names and parishes of people attending a Cursillo weekend is circulated to members of the Newcastle Anglican Cursillo community for prayer cover.</p> <p>Following attendance at a Cursillo weekend the attendee's name, address, email and telephone number will be retained in the Cursillo database. This information is kept confidential. The Cursillo Movement complies with Diocesan Privacy Policy. All application forms are destroyed following each Cursillo weekend.</p> <p><b>Initial your agreement with these conditions here:</b></p> |  |               |  |

|  |  |              |  |
|--|--|--------------|--|
| <b>Part 2: SPONSOR</b>   |  |              |  |
| Sponsor's Name:  |  |              |  |
| Address:   |  |              |  |
| Home Phone:  |  | Mobile:      |  |
| Email:   |  |              |  |
| Parish:  |  |              |  |
| Where did you make your Cursillo?  |  |              |  |
| Will you arrange transport for the Candidate to and from the Cursillo weekend?   |  |              |  |
| Will you support your Candidate to attend Group Reunion, Ultreyas and Welcome Day?   |  |              |  |
| How long have you known the Candidate?   |  |              |  |
| Have you discussed the donation for the weekend?   |  |              |  |
| <b>I recommend this Candidate to attend Cursillo weekend:</b>  |  |              |  |
| <b>Signed by Sponsor:</b>  |  | <b>Date:</b> |  |
| <b>Part 3: CLERGY RECOMMENDATION</b>   |  |              |  |
| Clergy Name:   |  |              |  |
| Parish:  |  |              |  |
| Email:   |  |              |  |
| Phone:   |  |              |  |
| How long have you known the Candidate?   |  |              |  |
| Any relevant comments for the Lay Director regarding the Candidate?  |  |              |  |
| If required, the Lay Director, Graham Eagleton, can be contacted on 0431 459 752. This information will remain confidential. |  |              |  |
| <b>Signed:</b>   |  | <b>Date:</b> |  |
| <b><u>Office use only</u></b>  |  |              |  |
| <b>Application sent to LD by Applications Coordinator:</b>   |  |              |  |
| <b>Name:</b>   |  | <b>Date:</b> |  |