

Please fill in this form giving brief details only. If you need any help, please ask your minister or Christian friend. Please remember when you return this form to enclose two stamped, self addressed envelopes.

**PLEASE NOTE :** *All ministry will be conducted with the highest confidentiality. Discretion may be exercised in extreme circumstances by Ellel Leadership for disclosure to be made to appropriate authorities where there are legal constraints and where others (particularly children) may be at risk*

**PLEASE PRINT NAME AND ADDRESS**

First Names ..... Surname .....

Address .....

Postcode ..... Tel No STD Code..... NO..... Work No .....

Email ..... Sex ..... Age ..... D.O.B ..... / / .....

Marital Status:  Single  Married  Divorced  
 Remarried  Widow/er  Separated

Name of Church attended (if any) .....

How often do you attend?  Regularly  Occasionally  Rarely

Name of Minister/Pastor/Leader .....

Address .....

Postcode ..... Tel No ..... Evening Tel No .....

Does your Church Leadership know that you have applied to **Ellel Grange**?  Yes  No

*We will enclose a letter when we acknowledge this form which you have the choice of giving to your pastor / leader.*

If you tick Yes, do we have your permission to contact the pastor / leader to discuss (if necessary) the availability of ongoing support / ministry as we cannot promise to provide this for you?  Yes  No

Have you received or are you currently receiving ministry from your local church?  Yes  No

Please give brief details .....

Has your church agreed to provide any further ministry that arises after your visit to **Ellel Grange**?  Yes  No

*Please note again that we are not in the position to promise ongoing personal ministry and we do encourage applicants to have this support from the church or similar group.*

Any comments .....

If we thought it was necessary, would someone suitable be able to come with you to **Ellel Grange**?  Yes  No

Name (of person who would come) .....

Address .....

Postcode ..... Tel No .....

What kind of healing do you feel you need? Tick the appropriate boxes. Please give brief details alongside.

Physical Healing  .....

Mental Stress  .....

Emotional Hurt  .....

Phobias/Fears  .....

Addictions  .....

Other (Please specify)  .....

Are you experiencing difficulty with any of the following?

Marriage Partner  God

Children  Church

Sexual Problems  Authority Figures

Other (Please specify)  .....

Have you received, or are you currently receiving any medical/psychiatric help concerning your present needs?

Yes  No

Please give brief details .....

Are you willing for your doctor, psychiatrist to share helpful and necessary information with us?

Yes  No

Please give brief details of any ministry which you have received from other people who are not connected with Ellel Ministries, or your church .....

Have you previously received ministry at an Ellel Ministries centre?  Yes  No

Name of Centre.....

I received ministry during a

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Church Visit          | <input type="checkbox"/> Conference      | <input type="checkbox"/> Training Course      |
| <input type="checkbox"/> 1 Day Healing Retreat | <input type="checkbox"/> Healing Service | <input type="checkbox"/> Personal Appointment |
| <input type="checkbox"/> 3 Day Healing Retreat |  |   |

Which Ellel Ministries Training Courses (if any) have you attended?

.....

- |              |              |  |
|--------------|--------------|--|
| Can you come | Midweek      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              | Weekend      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              | Short Notice | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Special Needs**

Please indicate if you have any special needs. Give brief details where appropriate.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wheelchair                  | <input type="checkbox"/> Poor sight         | <input type="checkbox"/> Medical Diet           |
| <input type="checkbox"/> Unable to climb stairs      | <input type="checkbox"/> Blind              | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medication (please specify) | <input type="checkbox"/> Hearing Difficulty |   |

Please specify the medication your doctor has prescribed .....

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Have you been involved in the occult? e.g. witchcraft, spiritism, etc.  Yes  No

- My occult involvement was
- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Minor      |
| <input type="checkbox"/> In-between |
| <input type="checkbox"/> Major      |

Have you or your family been involved in a religion or belief system apart from Christianity?  Yes  No

Please give brief details .....

Do you hold a leadership position in your church?  Yes  No

Please give brief details .....

Are you in full time Christian work?  Yes  No

Please give brief details .....

Please give any other brief information which you think might be helpful to us in deciding how we can best help you.

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**\* Please note that after your visit to Ellel, none of your personal information will be shared with your pastor or any such person unless you sign a release form. This is available on request from the Ministry Office.**

**Office use only**

*(BLOCK CAPITALS Please)*

SURNAME .....

FIRST NAME .....

Requested:

- Phone
- Letter
- T/C
- C/V
- Minister/Church
- H.S.
- email
- Other

Send for more information on : .....

Suggested course to attend .....

Provisional Healing Retreat to be offered .....

Downstairs .....

Carer required .....

Any other information .....

CQ/SL .... /... /... initials .....

CQ/.....letter .... /... /... initials .....

Offer sent .... /... /...

Std. Cancel letter sent  
as no reply to offer .... /... /...

Tick box below when log card raised and entered into database

Returned .....   
DATE STAMP

Reason for cancellation of first offer .....

Acknowledged .... /... /... initials .....

2<sup>nd</sup> offer .....

Sent .... /... /...