**BETHEL SOZO MINISTRY APPLICATION**

**Please Print**  Date of Application:

Name:

Address:

Town: Post Code:

Phone (Home and Mobile):

Gender : Age:

Email address:

Church Attending:

Why would you like to receive a Sozo?

If you have in the past, or presently receive any Counselling, Therapy or Mental Healthcare please complete this section:

Counselling:

Therapy:

Mental Health:

Are you currently taking prescribed medication for emotional reasons?

Please suggest what days/time would be best?

Who referred you to the Bethel Sozo Ministry?

Do you attend a cell group or home group?

If not, we strongly recommend you find one or a group that you can be vulnerable with in this journey. We recommend that you share with someone you trust what happened during your Sozo so that you will have someone to pray with and hold you accountable (this person should not be who you consider your “best friend”). Will you be able to fast or pray one week before you Sozo? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the Lord what He wants you to fast. It can be one meal a day or fasting watching TV.

You will receive a booked appointment when you return your application personally/via email to Michelle Foster at [Sozo\_michelle@hotmail.com](mailto:Sozo_michelle@hotmail.com) Or post for the attention of: Michelle Foster 11 Moorland Place Stannington Sheffield S6 6BU. For the value of the time spent ministering to you, there is a *suggested* donation of £40.00.

You may send the donation when you return this application form or when you attend your appointment. If you are a tax payer then you can gift aid your donation.\*\*The Sozo Ministry used is modeled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding CA