



HEALING

FREEDOM

DISCIPLESHIP

Be free to live the life God has planned for you

Cleansing Stream Ministries
FACILITATOR REGISTRATION FORM
 (Please Print)

Today's date:					
FACILITATOR INFORMATION					
Facilitator's first name:		Initial:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:			Home phone no: ()		
P.O. Box:		City:	State:	Post Code:	
Fax no: ()		Mobile phone no.:		Email address:	
Which mailing list do you prefer (please check one box):			<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> None
Would you be interested in billeting visitors to the state retreats:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How many times have you facilitated a group:			Date you last attended a CSM Retreat: ___/___/___		
CHURCH INFORMATION					
Name of Church You Attend:		Pastors Name:		Denomination:	
Street Address:		Suburb:	State:	Post Code:	
P.O Box address:		Email address:		Church phone no:	Church fax no:
Church web address:					
ADMINISTRATION					
Have you attended a CSM facilitator training seminar:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___	Location:	
Are you available for further training with CSM:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Conducting the Cleansing Stream Seminar (CSS):					
I agree to conduct the Cleansing Stream Seminar as outlined in the Cleansing Stream Leader's Manual. Further, I will ensure the five (CSS) session will be presented using the CSM teaching videos. I will ensure that I will use and make available the full curriculum of workbooks, audio tape/cd teachings and reading books for seminar participants.					
_____ <i>Facilitators full name and signature</i>				_____ <i>Pastor (Witness)</i>	

**PLEASE SEND THIS FORM TO THE CLEANSING STREAMS OFFICE AT: PO BOX 3553, NUNAWADING, 3131
 or by email at info@cleansingstream.org.au**