



SOZO MINISTRY APPLICATION

Date Applied				Session	/	/ 20.....
Name:	Magda Le Roux			Email		
Postal Address						
Home Phone				Cell Phone:		
Gender		Age		Marital Status:		
Church				Who referred you?		

Are you currently or have you in the past, been ministered to by any other ministry, pastor, professional counsellor or therapist? If so,

With whom?		Date of last ministry	
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Have you received ministry from Journey of Grace in the past? If so,

With whom?		Date of last ministry	
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Are you taking any prescription medicine at present?

If yes, please specify your Doctor's diagnosis / reason:

Date of last Sozo?							
Why would you like a Personal Sozo?							
Preferred day of Ministry				Socila Media Preference			
Monday 10h00	Wenesady 10h00	Skype		Zoom		Whatsapp Video Call	

Please tick those items which currently applies to you:

Anxiety	<input type="checkbox"/>	Outbursts of Anger	<input type="checkbox"/>	Recent Loss	<input type="checkbox"/>
Criminal Record	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Involvemnt in the Occult	<input type="checkbox"/>
Physically Abused	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Heart Palpitations	<input type="checkbox"/>
Sexual Promiscuity	<input type="checkbox"/>	Sexually Abused	<input type="checkbox"/>	Violent	<input type="checkbox"/>
Appetite Increase/Decrease	<input type="checkbox"/>	Suicice Attempts	<input type="checkbox"/>	Suicidal	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Hearing Voices	<input type="checkbox"/>	Sexually Abusive	<input type="checkbox"/>
Addictive Behaviour	<input type="checkbox"/>	Sleep Disturbances	<input type="checkbox"/>	Other	<input type="checkbox"/>
Physically Abused	<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>		
If other, please specify?					

Do you attend a cell or home group?	
Will you be able to fast or pray one week before your Sozo?	

For the value of the time ministering to you, there is a suggested donation of R250-00. You may pay the donation on the day of your Sozo or before it either by cash or EFT. Please see banking details below.

Standard Bank • Branch Code: 050410 • Account No: 071094547 • Reference: **"SOZO"YourName**