



The Community Church
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The Community Church

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BETHEL SOZO MINISTRY APPLICATION

Please Print: _____ Date of Application: _____

Name: _____

Address: _____

Town: _____ Post Code: _____

Email: _____

Contact Number (s): _____ / _____

Gender (male/female): _____ Age _____

Church Attending, if applicable: _____

How long have you been attending your church _____

Have you received Bethel's Sozo ministry before? _____

If yes, when & where? _____

Why would you like to receive a Sozo? (Is there anything specific you would like help with?)

(Please continue over-leaf if needed)

Who referred you to the Bethel Sozo Ministry? _____

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.

We encourage you to pray (and fast if possible / appropriate) during the week prior to your Sozo. NB Fasting can be one meal a day or fasting watching TV.

We are a mixed male / female team. If you would prefer that only members of your gender are present please state this: _____

1.) **Note:** The Sozo Ministry used is modeled on the Sozo Ministry of the Transformation Centre at Bethel Church, Redding CA 96003, USA (www.ibethel.org)

2.) There is a suggested voluntary donation of £25-£30 per session for your Sozo

3.) Data Protection

Please tick this box, sign & date to acknowledge you consent to us holding your application for 2 years in a secure file

_____ (signed & dated)

OFFICE USE ONLY:

APPOINTMENT DATE & TIME _____ FIRST _____

SECOND _____

LIABILITY FORM RECEIVED YES / NO