

**Application Form for the Facilitator Training Work shop**  
**“HEALING THE WOUNDS OF TRAUMA”**

**Participants Registration Sheet**

**Date:** 27<sup>th</sup>-29<sup>th</sup> August 2017, Morning 9.00 am –Evening 5.30 pm (Facilitator Training)  
30<sup>th</sup> August 2017, Rest day  
31<sup>st</sup> August – 04<sup>th</sup> September 2017 Morning 9.00 am –Evening 5.30 pm (Workshop with Kids)  
**(This will be a residential workshop)**

**Location:** “Subodhi Centre for Integral Education”, Piliyandala.

Please fill this form using **Block capitals** only

- 1) Name : .....  
(The way the name should appear on the certificate )
- 2) Address : .....  
.....
- 3) Date of Birth : ..... 4) Gender: Male  Female
- 5) Phone : ..... 6) Email: .....
- 7) Church/Denomination: .....
- 8) Organization : ..... 9) Your role/position: .....
- 10) Qualifications (Professional) : .....
- 11) Number of years of formal Education : .....
- 12) Other languages spoken fluently: .....
- 13) Have you had mental health training? Yes  No  If yes, how many years? .....
- 14) Have you had Bible School or seminary training? Yes  No  If yes, how many years? .....
- 15) Have you lived in a culture other than your own? Yes  No  If yes, how many years? .....
- 16) Name and contact information of the person authorized to make the final decision about involvement in Trauma Healing in your Church / Organization:
- Name: .....
- Contact No: ..... E-mail: .....
- Signature: .....

**Organizational Response Form**

Church or Organization: .....

1. Is your church / organization already involved in some form of Trauma Healing?  
Yes  No  If yes, what? .....
2. Would your church / organization be interested in having this Trauma Healing as a part of its ministry?  
Definitely Yes  Probably yes  Probably not  Definitely not

Please note Registration fee for this programme is **Rs. 2,300/- per person** and the Registrations close on **15<sup>TH</sup> June 2017**.

**Payment Methods:**

1. Handover the Registration form with the Fee to our Office The Ceylon Bible Society, No. 293, Galle Road, Col. 03  
Or
2. Deposit the Registration Fee to the following Bank & Post / Email / Fax us the Bank Slip copy

**Bank Details:** **Bank** - Commercial Bank of Ceylon PLC **Branch** - Kollupitya  
**Account Holder Name** - The Ceylon Bible Society **Account No** – 1107322201

**Postal Address:** Facilitator Training Work shop “Healing the Wounds of Trauma – Adults”  
The Ceylon Bible Society, No. 293, Galle Road, Colombo 03

**Email:** [wilakshitha@ceylonbiblesociety.org](mailto:wilakshitha@ceylonbiblesociety.org) , [info@ceylonbiblesociety.org](mailto:info@ceylonbiblesociety.org)

(mention the Subject as **Facilitator Training Work shop “Healing the Wounds of Trauma – Adults”**)

**Fax No:** 011-2574534