

- 5. In what role would you hope to see the applicant exercising leadership in the future?

- 6. How would you describe the applicant's present state of physical and psychological health?

- 7. Other information you consider to be relevant to the consideration of this application?

Signed Date

Address

.....

Tel. No. Mobile/Cell

E-mail.....

Please return this form to:

The Director
Religious Formation Ministry Programme
Willow Park
Rock Road
Blackrock
Co. Dublin
IRELAND

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