

EDEN CHURCH BETHEL SOZOMINISTRY APPLICATION\*

Please print your details

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: |  | | |
| Name: |  | | |
| Address: |  | | |
|  | | Post Code: |  |
| Email: |  | | |
| Phone (Home or Mobile): |  | | |
| Gender (Male/Female): |  | | |
| Church Attending: |  | | |
| Why would you like to receive a Sozo? | | | |
|  | | | |
| Are you currently receiving treatment for any emotional issues? E.g. GP, Counsellor, Hypnotherapist. | |  | |
| Who referred you to the Bethel Sozo UK Ministry? | |  | |
| Sozo sessions take place Monday 1pm / Monday 7pm / Thursday 1pm. | | | |
| Please let us know any time you can’t do: | |  | |
| Do you attend a life /cell /home group at your church? | |  | |

We recommend that you share with someone you trust what happened during your Sozo so that you will have someone to pray with and walk with you through your journey to wholeness (this person should not be someone you consider your “best friend”).

It can be helpful to fast or pray during the week before your Sozo.

Please save a copy of this form and email to : [sozo@edenchurchpenarth.co.uk](mailto:sozo@edenchurchpenarth.co.uk)

The Liability Release Form must be signed and brought on the day or sent to:

Bethel Sozo Ministry Eden Church

c/o Sarah Parkhouse

7 Clinton Road

Penarth

CF64 3JB

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