

Application Form for an Alongsider at Malling Abbey

First name:	Last name:
Address:	Telephone (daytime):
	Email address:
	Date of Birth:
Postcode:	Nationality:

What inspired you to want to be an alongsider with us? What do you hope to gain from your experience of monastic life?

How is your faith commitment expressed at present?

How long would you like to stay with us? (minimum 3 months)

If you have not yet visited us when could you come for a preliminary visit? (Ideally for at least two nights)

Do you have any present disabilities?

What is the current state of your health? Do you have a medically prescribed diet? (we always provide a meat-free option at our meals)

Is there anything else you would like us to know?

Please give details of two referees who are not related to you:

Name:	Occupation:
Address:	Telephone: Email:

Name:	Occupation:
Address:	Telephone: Email:

Signed:

Date:

Send to: Mother Abbess, St. Mary's Abbey, 52 Swan Street, West Malling, Kent ME19 6JX, United Kingdom