

TRAUMA HEALING – STATEMENT OF SUPPORT

This form should be completed by church leadership or Christian organization supervisor.

To be Completed by Applicant

Applicant Name:

Address:

Email:

Telephone:

Church/Organization:

To be Completed by Church Leadership or Christian Organisation Supervisor

I support the application of abovenamed to attend the Trauma Healing programme.

Signature:

Name:

Designation:

Email:

Telephone: