



## LIFE SCHOOL APPLICATION

### PLEASE PRINT

1. First Name(s): \_\_\_\_\_ 2. Surname: \_\_\_\_\_

3. LiFE Course you are applying for: \_\_\_\_\_ (Ex. A1, A2, B2...)

4. Course Starting Date: \_\_\_\_\_

5. How did you become interested in the area of healing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In what way do you think or hope this Course will help you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide brief details if you have been, or still are, involved with any other healing-related ministry in terms of ministering with them or taking instruction from them.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you involved in any non-healing related ministries in your church or elsewhere? If so please provide brief details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What type of careers or professions have you been in?

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10. Today's date: \_\_\_\_\_

Please e-mail this completed application form to [registrar@desertstreams.ca](mailto:registrar@desertstreams.ca) or mail it to:

Desert Streams Healing Ministries  
8416 34A Ave  
Edmonton, Alberta T6K 0C2  
(Canada)