

THE PILSDON COMMUNITY



Reg Charity 1153924

Pilsdon Manor
Pilsdon
BRIDPORT
DT6 5NZ
Tel 01308 868308
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RETREAT VISITOR APPLICATION FORM

Retreat Visitors are welcome to come to Pilsdon and explore a vocation to community living or perhaps just to spend time in prayer and reflection in the context of a shared common life. We are keen to encourage retreat visitors, although we are unable to offer formal 'led retreats' or to provide counselling.

For visitors we offer an opportunity to relax and join our common life of prayer, hospitality and work. This may include opportunities to join in the day-to-day work in the gardens, on the farm or in the kitchen. Our worship and spirituality is Anglican by foundation but ecumenical in expression and people of any faith, or none, are made welcome.

It is a dry house and the consumption of alcohol or illicit drugs on or off the premises is not allowed. Pilsdon is not a detoxification or treatment centre and does not accept people on methadone or similar prescriptions.

Information that you give on this form will be treated as confidential to the Community unless it is clearly necessary to share it to protect your health or safety or the health and safety of others.

Name:	M / F	Date of Birth:
Current Address:		
and contact number		
What are you looking for in a visit to the Pilsdon Community?		

<p>What dates are you interested in being with us? <i>It is helpful if you can give an alternative.</i></p>
<p>The cost of your visit will be £50 full-board and accommodation per night; it may be possible for us to adjust this sum depending on your circumstances. Please discuss this with us.</p>
<p>Do you have any medical conditions that we need to be aware of?</p>
<p>Do you have any special dietary requirements or allergies, or any mobility or other access needs we should know about?</p>
<p>The Pilsdon Community has a number of longer term guests who are in some form of recovery from life crisis, addiction, or mental illness. In order to maintain a safe environment for our guests we would like to ask the following questions:</p> <p>Do you have any experience with alcohol or drug problems? YES / NO</p> <p>Do you have any experience with mental illness? YES / NO</p> <p><i>If 'yes' to either of the above please give a brief explanation on an additional sheet</i></p>
<p>Emergency Contact Information: <i>Please give name, address, telephone number, relationship to you</i></p>

Signature.....Date.....

Revised November 2013