

Rachel's Vineyard National Conference 2010

"Beyond Trauma, Discovering Hope"

Presented by Open Doors
www.opendoors.com.au and www.4teenz.com.au

A key training event for all involved in providing care for those seeking spiritual and psychological healing after abortion, with particular reference to the Rachel's Vineyard Retreat program.

Open to experienced retreat team members and coordinators, new team members and any other interested counsellors, pastors, health and community workers.

- ❖ Gain practical insights into the Rachel's Vineyard retreat process.
- ❖ Deepen your understanding of the theoretical underpinnings.
- ❖ Share your stories and explore your goals.

Dates: Friday 8 - Sunday 10 October, 2010

Location: Holy Cross Centre 207 Serpells Rd, Templestowe Vic 3106. 9846 6014. Melway 33 K7

KEYNOTE SPEAKERS include -

Anne Neville, Director of Counselling, Open Doors; Facilitator Rachel's Vineyard Retreats (Interdenom.) Melbourne; National New Site Coordinator (Interdenom.) Rachel's Vineyard Retreats

Rev. Alan Niven, Lecturer in Pastoral and Family Studies, Churches of Christ Theological College, Mulgrave (Melb. College of Divinity)

Desley Credeney, Training & Group Facilitator; Psychodramatist.

PROGRAM OUTLINE

FRIDAY 8th

5pm Registration and settle in

6pm Dinner

7pm Opening session

SATURDAY

Breakfast

Keynote

Keynote

Morning Tea

Keynote

Lunch

Workshop electives #1

Afternoon tea

Workshop electives #2

Mass option

Dinner

Evening options

SUNDAY, concluding at 2.30pm

Breakfast

Keynote

Morning tea

Workshop electives #3

Ecumenical Prayer service and conference wrap up

PLUS a great array of WORKSHOP ELECTIVES led by a team of presenters including Anne Sherston (RV Tasmania), Fr. Peter Maher and Sr. Veronica McCluskey (RV Sydney), Open Doors RV Retreat Team (Melbourne)

**MINIMUM NUMBER OF PARTICIPANTS
REQUIRED FOR CONFERENCE
TO GO AHEAD - 30.
PLEASE RESPOND BY THE GIVEN DATES
AND FORWARD TO OTHERS
TO SPREAD THE WORD!**

Further program details
will be forwarded
on receipt of registration.

Enquiries 03 9870 7044
or info@opendoors.com.au

Please tick appropriate choices, complete your details and return with payment to
Open Doors PO Box 610 Ringwood VIC 3134 by AUGUST 1ST 2010.

NB: EARLY BIRD REGISTRATIONS AND PAYMENTS TO BE RECEIVED NO LATER THAN JULY 1ST

Residential Rate: (includes 2 nights' accommodation and meals from Fri dinner through to Sun lunch)

Waged \$350 Early bird \$330

Unwaged \$320 Early bird \$300

Or Daily Rate: (no accommodation required)

Friday dinner and opening session \$35.00

Saturday sessions (plus morning/afternoon tea and lunch) \$80.00

Saturday sessions (plus morning/afternoon tea, lunch and dinner) \$105.00

Sunday sessions (plus morning tea and lunch) \$60.00

Happy to share a room? **Name of preferred room companion** _____

Your Name _____ **Email** _____

Address _____ **Best contact number** _____

Organisation _____ **Occupation** _____

Previous involvement in post abortion counselling? _____

Any essential dietary requirements _____

Name of person we can contact in an emergency _____ **Phone** _____

Workshop interests: (please number the list according to your preferences. 1 = first preference.)

___ Preparing a Participant to attend Retreat and Providing Follow up Care

___ Understanding Post Abortion Grief

___ Establishing an RV site and Preparing Your Retreat Team

___ Role of Music in the Retreat Process

___ Experiences of being on Team

___ Understanding Psychodrama

___ Handling Difficult Moments on Retreat

___ Self Care in Ministry

___ The Genius of the Retreat - why it works; tips for better facilitation

___ The Challenge of Different Faiths on Retreat

My conference fee is: \$.....

Plus optional donation to Open Doors to help defray conference expenses: \$.....

My Total Amount enclosed is: \$

Payment Method (please circle): Cheque Visa MasterCard

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiry ___ / ___ Name on card _____

SIGNATURE _____

Cheques payable to: Open Doors Counselling and Educational Services Inc.