

Please attach a passport | size photo | here

your details

First name (known by):	Surname:			
Date of Birth:	Male Female			
Marital Status:	No. of dependants:			
Present Occupation:	_			
Please state the nature of any health problems or	disabilities:			
Have you ever been convicted of a criminal offence. Yes No	e or have any pending convictions?			
If 'Yes' please give details:				
We are exempt from the provision of section 4 of the Rehabilitation or regarding previous convictions 'spent' or otherwise.	of Offenders Act 1974 therefore you are not entitled to withhold information			
• your houses				
Permanent Contact Address:				
	Post Code:			
Tel (day):	Tel (eve):			
Mobile:	Email:			
Present Address if different:				
	Post Code:			
Tel (day):	Tel(eve):			
Proposed Address for next year (if known!):				
	Post Code:			
Tel (day):	Tel (eve):			
	• • • • • • • • • • • • • • • • • • • •			
• your base				
Present Church:	for how long?:			
Present Small Group & Cluster (if appropriate):	for how long?:			
Present Church involvement:				
	for how long?			

your spiritual awakening	
Please describe briefly how you became a Christi	an:
Please outline your story of discipleship, highlight developed your faith:	ing key experiences and environments that have
your passions	
	Why do you want to do form ?
NAME of the control of the state of the stat	What de consent to de after forms
What do you not want to do during form ?	What do you want to do after form ?
	- 0 0

Dates		University/College		Course		
From	То					
		School		Subjects & Grades		
				*		
● you	ır jobs	5				
Dates From To	ates To	Company/Organisation	Position	Brief description of type o		
				- I Sin di la responsibilità	ioug	
	• • • • •					
• you	ır refe	rences (These people v	will be contacted b	efore your interview)		
Church	(church le	eader reference)	Persona	al (Employer, Small Group Lea	der - not a family membe	
Name:		Name:	Name:			
Position:		Relation	Relationship:			
Address:						
Post Code:						
Tel (day): Tel (eve):						
	Email:		•			
-						
• • • •		_	• • • • • • • • •		• • • • • • • • • •	
• you	ır peo	ple				
) Do you	presently	y meet in an accountability	relationship?	Yes No		
Do vou i	oresently	y meet in a mentor relation	shin?	Yes No No		

Would you want to continue these during **form**?

If 'yes' please state who & if 'no' do you have any suggestions?

Accountability _____ Mentor____

Please describe briefly your interests, hobbies and other recreational activities: your wheels Will you have a car during **form**? Yes (your home Do you want to live in a shared house, with a Church family or with your own family? your choice Which **form** centre would you like to be based at? (list your top 3 in order of preference) (Centres are listed on the website and in the brochure) 1) ______ 3) _____ your money How do you propose to finance yourself during the **form** year? (idea of support, part-time job etc.) your process Which of the following helped you decide to apply for **form**? (please tick all that apply) Postcard flyer Centre Leader Past-trainee Website Advert Other (please state) form stand @ event Brochure your word I confirm that the information I have given on this form is accurate and true: _____ Date: _____ Signed:

Please complete and return to:

your interests

form administrator, form, Philadelphia Campus, 6 Gilpin Street, Sheffield S6 3BL

Or return directly to the course leader at your preferred centre.