



APPLICATION FORM

**General Instructions**

- To apply for this Programme you must be a student preparing for ministry and must not be already ordained.
- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- Please send copy of your passport pages which include the photograph, personal details and dates of issue and expiry as well as two (2) passport size photograph.
- Application must be endorsed by your Church. Please ensure that Section B - Church Endorsement is duly completed.
- Please attach accomplished Section C - Medical Information Form, for our records and insurance purposes.

**PART A**

**Section 1 - Personal Details**

|                                     |               |                     |                          |                        |          |  |
|-------------------------------------|---------------|---------------------|--------------------------|------------------------|----------|--|
| Surname                             |               |                     |                          | First Name             |          |  |
| Full Name as Stated on the Passport |               |                     |                          |                        |          |  |
| Date of Birth (dd/mm/yyyy)          | ___/___/___   | Age                 |                          | Gender                 |          |  |
| Passport Number                     |               | Passport Issue Date |                          | Passport Expiry Date   |          |  |
| Nationality                         |               |                     |                          | Proficient in English? | Yes / No |  |
| Language                            | Mother Tongue |                     | Other Language/s Ability |                        |          |  |
| Full address                        |               |                     |                          |                        |          |  |
| Mailing address                     |               |                     |                          |                        |          |  |
| Daytime Phone No.                   |               |                     |                          |                        |          |  |
| Mobile Phone No.                    |               |                     |                          |                        |          |  |
| E-mail address                      |               |                     |                          |                        |          |  |

## Section 2 - Work Experience

Please list from most recent employment. Continue on a separate sheet if necessary.

| Period of Employment | Employer | Position Held |
|----------------------|----------|---------------|
|                      |          |               |
|                      |          |               |
|                      |          |               |
|                      |          |               |

## Section 3 - Educational Background

Please list from highest qualification. Continue on a separate sheet if necessary.

| Period of Education | Institution | Qualification |
|---------------------|-------------|---------------|
|                     |             |               |
|                     |             |               |
|                     |             |               |
|                     |             |               |
|                     |             |               |

## Volunteer Work and Other Qualifications

| Period | Institution | Positions Held / Qualification |
|--------|-------------|--------------------------------|
|        |             |                                |
|        |             |                                |
|        |             |                                |
|        |             |                                |

## Other Interests

What are your other interests outside your work/study?

**Section 4 - Ministry**

|                       |  |
|-----------------------|--|
| Denominational Church |  |
| College/Institution   |  |

**Section 5 - About Face to Face Programme**

*Please answer the questions below. Continue on a separate sheet, if necessary.*

- 1. How did you know about the Face to Face Programme?**

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- 2. What do you know about the Council for World Mission and your church/ecumenical body's involvement with CWM?**

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**3. How are you engaged in the mission of your Church?**

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**4. Why do you want to join the Face to Face Programme?**

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5. What can you contribute to the Face to Face Programme?

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**Section 6 - Essay**

On a *separate sheet*, please write an essay on your understanding on the topic: **Migration and Human Trafficking**. This should not exceed more than 2,000 words. Please send your essay as an attachment to your completed application form.

You may write your essay in the language of your choice. If your essay is not in English, you must:

- Obtain an English translation of your essay to be sent along with the original text.
- Ensure that the copy has been certified by your General Secretary or Church Moderator as a true translation of your original work.
- Provide name, email address and telephone number of the person certifier.

## Section 7 - Reintegration and Action Plan

*This part aims to assess how you plan on using the knowledge, skills and experiences to be gained from the Face Programme and how this is aligned to your church's over-all mission, goals and objectives. You are strongly advised to consult with your General Secretary/Church Moderator in completing this part.*

| Over-all Objective                                |       |                              |            |                  |
|---|-------|------------------------------|------------|------------------|
| Specific Objectives                               | Tasks | Success Criteria/ Indicators | Time Frame | Resources Needed |
|   |       |                              |            |                  |
|   |       |                              |            |                  |
|   |       |                              |            |                  |
|   |       |                              |            |                  |
|   |       |                              |            |                  |
| <i>Continue on a separate sheet, if necessary</i> |       |                              |            |                  |

## Section 8 - Declaration

I certify that all the information I have provided are true and complete to the best of my knowledge and belief.

**Signed:** .....

**Date:**.....

*CWM will hold your details on file in order to process your application. We may wish in the future to send you further information about CWM or seek your views about its work. However, if you do not want us to contact you again, please tick this box .*

## **PART B**

### **Church Endorsement**

*(to be completed by General Secretary/Church Moderator)*

**Why did the church choose him/her to participate in the Face to Face Programme? How is this aligned to the church's long-term Capacity Development plan?**

*Continue on a separate sheet, if necessary*

**Is the applicant's Reintegration and Action Plan (see Section 7) consistent with the Church's plans? If yes, how will the participant's FACE to FACE experience contribute to the Church's plan? If not, how will the applicant serve the Church upon return?**

*Continue on a separate sheet, if necessary*

**How is s/he chosen? Please discuss briefly the selection process undertaken.**

*Continue on a separate sheet, if necessary*

**Other Remarks/ Additional Information**

\_\_\_\_\_  
**Signature over Printed Name of General Secretary/Church Moderator**

**Designation** \_\_\_\_\_

**Date** \_\_\_\_\_



## PART C

### Medical Examination

|               |  |                |  |        |  |        |  |
|---------------|--|----------------|--|--------|--|--------|--|
| Name          |  |                |  |        |  |        |  |
| Date of Birth |  |                |  | Age    |  | Gender |  |
| Pulse rate    |  | Blood pressure |  | Height |  | Weight |  |

**Emergency Contact Numbers.** *Please provide two (2) emergency contacts.*

|                      |  |  |  |               |  |  |  |
|----------------------|--|--|--|---------------|--|--|--|
| Full Name            |  |  |  |               |  |  |  |
| Relationship         |  |  |  |               |  |  |  |
| Daytime phone number |  |  |  | Mobile number |  |  |  |
| Postal address       |  |  |  |               |  |  |  |
| Email                |  |  |  |               |  |  |  |

|                      |  |  |  |               |  |  |  |
|----------------------|--|--|--|---------------|--|--|--|
| Full Name            |  |  |  |               |  |  |  |
| Relationship         |  |  |  |               |  |  |  |
| Daytime phone number |  |  |  | Mobile number |  |  |  |
| Postal address       |  |  |  |               |  |  |  |
| Email                |  |  |  |               |  |  |  |

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|--|--|
| <p><b>Do you need any mobility assistance?</b><br/><i>If yes, please give details.</i></p>   |  |
| <p><b>Do you have any disabilities CWM should be aware of?</b> <i>If yes, please give details.</i></p>   |  |
| <p><b>Do you have known allergies?</b> <i>If yes, please give details.</i></p>   |  |
| <p><b>Are you aware of any medical conditions that may hinder your participation to the TIM Programme?</b> <i>If yes, please give details.</i></p> |  |
| <p><b>Special Dietary Requirements</b></p>   |  |

**IMPORTANT: To be completed by Attending Physician.**

|   |  |
|---|--|
| Any family history of disease?  |  |
| Any serious operations, injuries or illness in the past?  |  |
| Any infectious diseases?  |  |
| Any eye defects? If yes, are spectacles worn and satisfactory?  |  |
| General condition   |  |
| Any ear disease/s?  |  |
| Are mouth and throat healthy?   |  |
| Teeth are well cared for? Yes   |  |
| Are heart and lungs healthy?  |  |
| Result of chest X-ray   |  |
| Any signs of hernia?  |  |
| Urine: Any albumen? Any sugar?  |  |
| Any organic, nervous or other disorders?  |  |
| Any functional disorders?   |  |
| Is the applicant emotionally well-balanced?   |  |
| Is there any tendency to depression or history of it?   |  |
| Have you any knowledge of the applicant's lifestyle and is there any evidence of abuse of alcohol or drugs?     |  |
| Do you consider that there are any medical reasons why the applicant should not go abroad for further training? |  |
| Does the applicant need any special diet or regular medical treatment of any kind?                              |  |

**ATTENDING PHYSICIAN'S CERTIFICATION**

I hereby certify that \_\_\_\_\_ is physically **fit / unfit** to participate in the FACE TO FACE Programme 2015 of the Council for World Mission.

\_\_\_\_\_  
Signature over Printed Name of Attending Physician

Date \_\_\_\_\_

Registration No. \_\_\_\_\_