

TRAINING IN MISSION 2018

APPLICATION FORM

General Instructions

- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- Please send a 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.

SECTION A

Section 1 - Personal Details

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

Section 2 - Work Experience

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

Period/Year	Employer	Designation

Section 3 - Educational Background

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

Period/Year	Institution	Qualification

Volunteer Work and Other Qualifications

Period/Year	Institution	Designation/Qualification

Other Interests

What are your other interests outside your work/study?

Section 4 - Ministry

What Council for World Mission (CWM) member church/partner ecumenical body do you belong to?

When were you baptised?

Section 5 - About Training in Mission

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

1. How did you know about the TIM programme?

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

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

Section 8 - Declaration

I satisfy the Training in Mission (TIM) Programme basic requirements for its participants: to be **single** and **does not have any intention of getting married prior to the start of the Programme** and **not** an ordained minister.

Further, 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 .

SECTION B

Church Endorsement

(to be completed by General Secretary/Church Moderator)

Why did the Church choose him/her to participate in the Training in Mission? How is this aligned to the Church's long-term Capacity Development Plan?

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.

How do you plan to use the knowledge, skills and experiences to be gained by the participant from the Training in Mission when s/he goes back to your church/institution?

Continue on a separate sheet, if necessary.

Other Remarks/ Additional Information

Signature over Printed Name of General Secretary/Church Moderator

Designation _____

Email Address _____

Date _____

SECTION 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							

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

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?	
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 Training in Mission Programme 2018 of the Council for World Mission.

Signature over Printed Name of Attending Physician

Date _____

Registration No. _____