

**COUNCIL FOR WORLD MISSION**  
**FAITH IN THE FACE OF EMPIRE:**  
**FACE TO FACE IN THE CONTEXT OF OCCUPATION**  
**18<sup>TH</sup> SEPTEMBER – 20<sup>TH</sup> OCTOBER 2017**



**APPLICATION FORM**

**General Notes:**

- 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 attach copy of your passport detail page and two (2) passport size photograph
- Your application must be endorsed by your Church or Institution, Part B (Endorsement from the Church/Institution) must be duly completed
- Please accomplish Part C (Medical Information Form), for CWM records and insurance purposes

**PART A**

**Section 1 - Personal Details**

<b>Surname</b>				<b>First Name</b>		
<b>Full Name</b> <i>(as stated on the Passport)</i>						
<b>Date of Birth</b> <i>(dd/mm/yyyy)</i>	___/___/___	<b>Age</b>		<b>Gender</b>		
<b>Passport Number</b>		<b>Passport Issue Date</b>		<b>Passport Expiry Date</b>		
<b>Nationality</b>				<b>English Proficiency</b>	<b>Yes / No</b>	
<b>Language</b>	<b>Mother Tongue</b>		<b>Other Language/s</b>			
<b>Full address</b>						
<b>Mailing address</b>						
<b>Daytime Phone No.</b>						
<b>Mobile Phone No.</b>						
<b>E-mail address</b>						

## 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**

<b>Denominational Church</b>	
<b>College/Institution</b>	

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

*Please answer the questions below and 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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**Section 7 – Returning to the Church/Institution**

**6. How do you plan to use the knowledge, skills and experiences to be gained from the Face to Face Programme when you go back to your church/institution?**

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**7. How is this aligned to your church’s over-all mission, goals and objectives?**

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**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**

### **Endorsement from the Church/Institution**

*(to be completed by the Church's General Secretary/ Principal of the Institution)*

**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*

**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 Face to Face Programme 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/Principal**

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

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

**Email address** \_\_\_\_\_



# PART C

## Medical Examination Form

<b>Name</b>							
<b>Date of Birth</b>				<b>Age</b>		<b>Gender</b>	
<b>Pulse rate</b>		<b>Blood pressure</b>		<b>Height</b>		<b>Weight</b>	

### Emergency Contact Numbers

<b>Full Name</b>							
<b>Relationship</b>							
<b>Daytime phone number</b>				<b>Mobile number</b>			
<b>Postal address</b>							
<b>Email</b>							

<b>Full Name</b>							
<b>Relationship</b>							
<b>Daytime phone number</b>				<b>Mobile number</b>			
<b>Postal address</b>							
<b>Email</b>							

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

*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?	

**CERTIFICATION FROM ATTENDING PHYSICIAN**

I hereby certify that \_\_\_\_\_ is physically **fit / unfit** to participate in the Face to Face Programme 2017 of the Council for World Mission.

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

Date \_\_\_\_\_

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