



Training in Mission 2015 Application Form

**Applications need to be submitted to PCANZ
Global Mission Coordinator Phil King,
phil@presbyterian.org.nz, by September 15th.**

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 style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>		
Full Name as Stated on the Passport	<input style="width: 100%; height: 40px;" type="text"/>				
Date of Birth (dd/mm/yyyy)	___/___/___	Age	<input style="width: 40px;" type="text"/>	Gender	<input style="width: 40px;" type="text"/>
Passport Number	<input style="width: 100%;" type="text"/>	Passport Issue Date	<input style="width: 100%;" type="text"/>	Passport Expiry Date	<input style="width: 100%;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>			Proficient in English?	Yes / No
Language	Mother Tongue	<input style="width: 100%;" type="text"/>	Other Language/s Ability	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Full address	<input style="width: 100%; height: 40px;" type="text"/>				
Mailing address	<input style="width: 100%; height: 40px;" type="text"/>				
Daytime Phone No.	<input style="width: 100%; height: 40px;" type="text"/>				
Mobile Phone No.	<input style="width: 100%; height: 40px;" type="text"/>				
E-mail address	<input style="width: 100%; height: 40px;" type="text"/>				

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

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?

4. Why do you want to join the TIM Programme?

5. What can you contribute to the TIM Programme?

Section 6 - Essay

On a separate sheet, please write an essay on your understanding on the topic: Mission in the context of Empire. This should not exceed more than 2,000 words. Please send your essay as an attachment to your completed application form.

For background information, you may read on the CWM Theology Statement 2010 on (link): <http://www.cwmission.org/wp-content/uploads/2012/12/CWM-Theology-Statement-2010-final.pdf> or request for copy at (e-mail:) empowerment@cwmission.org.

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 TIM 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

Continue on a separate sheet, if necessary.

Section 8 - Declaration

I am aware of the Training in Mission (TIM) Programme requirements for its participants being single and does not have any intention of getting married prior to the start of the Programme and that s/he is 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.

Is the applicant's Reintegration and Action Plan (see Section 7) consistent with the Church's plans? If yes, how will the participant's TIM 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 _____

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? 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 Training in Mission Programme 2015 of the Council for World Mission.

Signature over Printed Name of Attending Physician

Date _____

Registration No. _____