

## On-site Training Application Form

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Wof Ao	tearoa	New	Zeal	and

Kids Friendly, c/o St Hellers Presbyterian Church, 100 St Hellers Bay Road, Auckland				
The name of you	ur church:			
Key staff and lea				
Name	Designation	Telephone Number		
	Minister			
	Session Clerk			
	Children's Worker			
Name and desig Friendly Coach:	nation of person/s requiring	on-site training from the Kids		
Contact details	- telephone, address, email			
Church Street ac	ddress and postal address			
Minister's/Chur	ch/other relevant email addre	sses		

Telephone numbers			
- Church			
- Children's Ministry Worker			
-   Minister			
Church facsimile number			
Kids Friendly Information			
VISION AND MISSION			
What is your Church's Vision and Mission for the next two years?			
Church Vision			
Church Mission			
VISION AND MISSION			
What is your Children's Ministry/Kids Friendly Vision and Mission for the next two years?			
Children's Ministry (Kids Friendly) Vision			
Children's Ministry (Kids Friendly) Mission			
Cimaren's immistry (mas i memary, imassion			
Do you identify yourself as (Please tick box)			
Actively Kids Friendly:			
Wanting to be Kids Friendly:			

What type of Kids Friendly programmes/services does your church currently offer?		
Give examples of what your church is currently doing to be Kids Friendly within your church and community		
What are your two year Kids Friendly goals for ministering to and serving children of your church and community?		
your charen and communicy:		
Kids Friendly on-site training requirements:		
WHAT AREAS WOULD YOU LIKE TO OBSERVE AND LEARN MORE ABOUT?		
Children in worship		
Sunday Children's Programme		
Mid-week Community Children's programme (Kids Club)		
After School Care Programme		
Running a Church-owned Preschool		
Community playgroups		
Music and Movement		
Iconz (boys brigade) or girls brigade  Performing arts programmes for children (drama, dance, music)		
Marketing and communication		
Health and safety		

Strategic planning – developing a vision, mission, goals for children's ministry

**Employment procedures** 

Other (give details)

What dates suit you for on-site training?		
Month:		
Number of days:		
Approximate dates:		
Do you require billeting at \$40 per night? (includes dinner and breakfast)		
YES:	HOW MANY NIGHTS?	
NO:		
140.		

## **Declaration**

We agree that the details given in this application are true and correct to the best of our knowledge. We understand that we are required to fund the costs of transport to the Kids Friendly On-site Training Centre.

Minister's Name:	Session Clerk Name:	Children's Worker:
Date:	Date:	Date:
Signature:	Signature:	Signature:

## For further information contact:

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