

## FACE THE FACTS APPLICATION FORM

September 9 – October 11, 2013

**CLOSING DATE for applications:** 30<sup>th</sup> April 2013

Church
Full name – <u>exactly as on passport</u>
*Please attach a copy of the identity page of your passport to this application
Family name/Surname:
First name/ Christian name:
Name Known as:
Your full address for regular contact:
Street number and street name:
City:
Area code: Country:

Telephone (day):	(evening):	
Mobile phone:		
Fax:		
E-mail:		
Personal details:		
Date of birth (dd/mm/yy)	Gender: Male Female	
Passport number:		
Passport expiry date:		
Nationality:		
Mother tongue:		
Your level of English is: Good Good poor		
Other languages spoken:		
Your general health is: $\square$ good $\square$ fair $\square$ poor		
Medical history or medication taken regularly we should know:		
- I I'm I		
Education and qualifications:  Dates Place of Education	Qualification	
Dates Trace of Eddeadon	Qualification	

Personal Interests:	
Please write a very brief personal bio that may be included in a participant information page	
Having read the profile of the program why do you wish to participate in Face the Facts and what you hope to gain from your participation:	
Why:  Gain:	
Your participation in the program <u>must</u> be endorsed by the General Secretary of your church denomination (CWM member church) as part of their selection process. please scan and email or fax a signed copy of the completed application form.	
Church officer's signature	
Church officer's name and address/fax	

Church officer's email/address/fax