



PERSONAL DETAILS

Date:

Title:.....

Name:

Tel: (Home)..... (Work)

Email:

Address:

.....

Country: Postcode:

Date of Birth: Nationality:.....

MARITAL STATUS *(please circle)*

Single - Engaged - Married - Widowed - Separated - Divorced - Re-married

Name of Spouse / Fiancée:

Is your spouse in agreement with your decision to attend The Way Christian Ministries Training Centre?
Y/N

Will your spouse be moving with you? Y/N

Children *(Names & Dates of birth)*

.....

.....

OCCUPATION / EDUCATION

Occupation / Current Employment (If unemployed please state last job and leaving date):

.....

Qualifications (School / Further Education / Work):.....

.....

HOME CHURCH

What Church do you belong to?

Which Denomination?..... Years attended / Length of membership?

Address

.....

Please give brief answers to the following questions. Use additional paper if needed

How and when did you come to a living faith in Jesus Christ?.....

.....

.....

Describe your present walk with God

.....

.....

YOUR MINISTRY

Have you received the Holy Spirit with the evidence of speaking in other Tongues? Yes / No

What Church activities have you participated in?

.....

Have you had a leadership position in these activities? Y/N

If yes, please give details:

.....

Why do you want to attend The Way Christian Ministries Training for Life Course?

.....

COURSE DETAILS

There are no fixed term dates for The Training for Life Course. This is a perpetual course. It starts the day the trainee arrives and, in some ways, it never stops. The fundamentals of the course will establish a foundation in the trainee's life which will provide a foundation to **build** on for the rest of their life.

The Training for Life course can last any length of time although we would like you to be with us for a **minimum of one year**. This can be part-time, full-time or by correspondence.

Every trainee will begin with a one month probationary period.

(Please circle)

I want to apply for	1 Term	2 Terms	One Year
Starting at	Autumn	Winter	Spring (enter year)
I want to live	Residential	Non-Residential	

HEALTH

Have you had any sickness or disability that would require special facilities or would have an effect on your studies / training in any way? Yes / No

If yes, please relate briefly describing any current medical treatment you are receiving:

Do you have any special dietary needs? Yes / No

Are you receiving or have you received any psychiatric treatment? Yes / No

If yes, please give details:

Have you ever had problems with alcohol, drugs, eating disorders, homosexuality, occult practices, sects? Yes / No

If yes, please give details:

FINANCES

Do you have the money to cover the cost of your Training for Life course at The Way Christian Ministries?

Yes / No

How do you plan to pay for the course?

Work / Savings / Other

If other, please give details:

.....

SIGNATURE

I hereby certify that the information on this application is true and factual.

Name Signature

place and date

Please supply contact information for TWO referees:

Spiritual referee (pastor/elder/etc....):

Name Address

.....

Tel Email

Practical referee (employer/ex-employer/ etc....)

Name Address

.....

Tel Email