



Please attach a passport photo here

# application form

## • your details

First name (known by): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Marital status: \_\_\_\_\_ No. of dependents: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Please state the nature of any health problems or disabilities:

\_\_\_\_\_

Have you ever been convicted of a criminal offence or have any pending convictions?

Yes  No

If 'Yes' please give details:

\_\_\_\_\_

We are exempt from the provision of section 4 of the Rehabilitation of Offenders Act 1974; therefore you are not entitled to withhold information regarding previous convictions, 'spent' or otherwise.

## • your houses

**Permanent contact address:**

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Tel (eve): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Present address if different:**

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Tel (eve): \_\_\_\_\_

## • your base

Present church: \_\_\_\_\_ For how long? \_\_\_\_\_

Present Cell and/or \_\_\_\_\_ For how long? \_\_\_\_\_

Cluster (if appropriate) \_\_\_\_\_

Present church involvement: \_\_\_\_\_

\_\_\_\_\_ For how long? \_\_\_\_\_



- **your spiritual awakening**

Please describe briefly how you became a Christian:

Please describe your story of discipleship, highlighting key experiences and environments that have developed your faith:

- **your passions**

What do you want to do during **form**?

Why do you want to do **form**?

What do you **not** want to do during **form**?

What do you want to do after **form**?



• **your references** (these people will be contacted before your interview)

**Church** (church leader reference)

**Personal** (Employer, Cell Leader – not a family member)

|                  |                  |
|------------------|------------------|
| Name: _____      | Name: _____      |
| Position: _____  | Position: _____  |
| Address: _____   | Address: _____   |
| _____            | _____            |
| Post code: _____ | Post code: _____ |
| Tel (day): _____ | Tel (day): _____ |
| Tel (eve): _____ | Tel (eve): _____ |
| Email: _____     | Email: _____     |

• **your school days**

| Date |    | University / College | Course | Qualification |
|------|----|----------------------|--------|---------------|
| From | To |                      |        |               |
|      |    |                      |        |               |
|      |    | School               | Grades |               |
|      |    |                      |        |               |

• **your jobs**

| Date |    | Company / Organisation | Position | Brief description of type of work and responsibilities | Reason for leaving |
|------|----|------------------------|----------|--|--------------------|
| From | To |                        |          |  |                    |
|      |    |                        |          |  |                    |

• **your people**

Do you presently meet in an accountability relationship?     Yes                       No

Do you presently meet in a mentor relationship?             Yes                       No

Would you want to continue these during **form**?             Yes                       No

If 'yes' please state who and if 'no' do you have any suggestions?

Accountability \_\_\_\_\_ Mentor \_\_\_\_\_



- **your interests**

Please describe briefly your interests, hobbies and other recreational activities:

- **your wheels**

Will you have a car during **form**?

Yes

No

- **your home**

Do you want to live in a shared house, with a Church family, or with your own family?

- **your choice**

Which **form** centre would you like to be based at? (list your top 3 in order of preference)

(Check out [www.formnetwork.org](http://www.formnetwork.org))

1) ST THOMAS CROOKES

2) \_\_\_\_\_

3) \_\_\_\_\_

- **your process**

Which of the following helped you decide to apply for **form**? (please tick all that apply)

Postcard flyer

Centre Leader

Past trainee

Website

Advert

Other (please state)

Brochure

**form** stand @ event

- **your word**

I confirm that the information I have given on this form is accurate and true:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to:

form administrator  
St Thomas Crookes  
Nairn Street  
Crookes  
Sheffield  
S10 1UL