

COUNCIL FOR WORLD MISSION

FACE TO FACE - INDIA

2ND SEPTEMBER – 15TH OCTOBER 2016



APPLICATION FORM

General Notes:

- To apply for this Programme, you must be a student preparing for ministry and must not be already ordained
- Please type in your answers, or use CAPITAL letters if you are writing by hand
- Please attach copy of your passport detail page and two (2) passport size photograph
- Your application must be endorsed by your Church or Institution, Part B (Endorsement from the Church/Institution) must be duly completed
- Please accomplish Part C (Medical Information Form), for CWM records and insurance purposes

PART A

Section 1 - Personal Details

Surname				First Name		
Full Name (as stated on the Passport)						
Date of Birth (dd/mm/yyyy)	___/___/___	Age		Gender		
Passport Number		Passport Issue Date		Passport Expiry Date		
Nationality				English Proficiency	Yes / No	
Language	Mother Tongue		Other Language/s			
Full address						
Mailing address						
Daytime Phone No.						
Mobile Phone No.						
E-mail address						

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

Denominational Church	
College/Institution	

Section 5 - About Face to Face Programme

Please answer the questions below and continue on a separate sheet, if necessary.

1. How did you know about the Face to Face 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?

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

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

On a separate sheet, please write an essay on your understanding on the topic: **Building Life-Affirming Communities: Face To Face with the many poor and the many faiths in Asia**. This should not exceed more than 2,000 words. Please send your essay as an attachment to your completed application form.

- 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 – Returning to the Church/Institution

6. How do you plan to use the knowledge, skills and experiences to be gained from the Face to Face Programme when you go back to your church/institution?

7. How is this aligned to your church's over-all mission, goals and objectives?

Section 8 - Declaration

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 ☐.

PART B

Endorsement from the Church/Institution

(to be completed by the Church's General Secretary/ Principal of the Institution)

Why did the church choose him/her to participate in the Face to Face Programme? How is this aligned to the church's long-term Capacity Development plan?

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

How do you plan to use the knowledge, skills and experiences to be gained by the Participant from the Face to Face Programme when s/he goes back to your church/institution?

Continue on a separate sheet, if necessary

Other Remarks/ Additional Information

Signature over Printed Name of General Secretary/Principal

Designation _____

Date _____

Email address _____

PART C

Medical Examination Form

Name							
Date of Birth				Age		Gender	
Pulse rate		Blood pressure		Height		Weight	

Emergency Contact Numbers

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 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?	
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?	

CERTIFICATION FROM ATTENDING PHYSICIAN

I hereby certify that _____ is physically **fit** / **unfit** to participate in the Face To Face Programme 2016 of the Council for World Mission.

Signature over Printed Name of Attending Physician

Date _____

Registration No. _____