



CEP COURSE GENERAL APPLICATION FORM

Please fill in all the following details to submit an application to the CEP Preaching Course. This is for first-time applicants to the CEP Course.

GENERAL INFORMATION

Full Name:
(Will be used for Certificate)

Preferred Name Sex

Mobile Number Email address

Date of birth Nationality

Home address

Town Post code

State Country

Marital Status Name of spouse / fiancé
(If applicable)

Name(s) of child(ren), if any:

Name	Sex	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tell us something about your family and interests

Medical Conditions

Please list any pre-existing medical conditions which we should be aware of (e.g allergies, diabetes, epilepsy, heart condition, serious asthma). It is important that we are notified of this.

(N/A if not applicable)

Academic Qualification

Please list the highest level of academic qualification you have achieved.

<i>School / College</i>	<i>Location</i>	<i>Period of attendance</i>	<i>Qualification obtained</i>

Language Proficiency

The CEP course requires written and spoken fluency in English. Students may be required to show evidence of language proficiency in English in the interview process.

Please rate your proficiency level: 1 = minimal, 6 = perfect, no mistakes):

Language / Dialect	English		
<i>Conversational</i>			
<i>Reading</i>			
<i>Writing</i>			
Language / Dialect			
<i>Conversational</i>			
<i>Reading</i>			
<i>Writing</i>			

Work Experience

List your experience in the workplace

<i>Company</i>	<i>Job Title</i>	<i>Period</i>	<i>Reason for leaving</i>

CHRISTIAN DISCIPLESHIP & SERVICE

Current Church			
Denomination		Date of arrival	
Church website			
Church address			

If you have been at your current church for less than three years, give details of previous churches you attended.

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How and when did you become a Christian?

List your experience in Christian Ministry

e.g., Sunday school, youth group, preaching, mission, etc., regardless of whether you led the ministry, were the most junior of helpers in it, or somewhere in-between. Clearly state in Ministry Area if any of these involve teaching the Bible to others.

<i>Position</i>	<i>Ministry Area</i>	<i>Church</i>	<i>Period</i>

What courses, seminars, or other training have you done to help you learn these ministries?

What would you consider to be your main gifts and strengths in Christian character and service?

What do you consider to be your main weaknesses in Christian character and service?

What people have been most influential in shaping your Christian life and service so far?

Which books (other than the Bible) have been most influential in shaping your Christian life and service so far?

How would you describe your theological position / convictions?

How did you hear about CEP Preaching Course

Why do you want to do the CEP Course?

What do you hope to do with the skills you have learnt from the CEP Course?

In the longer term, if you had complete freedom of choice, what would you most like to achieve in your lifetime?

FINANCE

How do you expect to cover the cost of the CEP Course?

We do not want to prevent anyone from doing the course. Please do not hesitate to let us know if you need help finding financial support from churches.

REFEREES

Please give names and contact details of three people who are willing to provide a reference for you in support of your application. One referee should be your senior minister of a member of the senior pastoral staff at your present church. One should be your current employer/line manager or course supervisor. Please do not include family members as referees.

Referee 1

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Contact Number	<input type="text"/>	Email address	<input type="text"/>
Address	<input type="text"/>		

Referee 2

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Contact Number	<input type="text"/>	Email address	<input type="text"/>
Address	<input type="text"/>		

Referee 3

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Contact Number	<input type="text"/>	Email address	<input type="text"/>
Address	<input type="text"/>		

ACKNOWLEDGEMENT

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
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SUBMISSION

Please check the information you have supplies before you submit this form.
Kindly email the completed form to info@kvbctrust.org.
Thank you.