



ACADEMY

YEAR OUT PROGRAMME



APPLICATION FORM - YEAR 1

PERSONAL DETAILS

FIRST NAME

D. O. B.

LAST NAME

AGE

SEX (M/F)

ADDRESS

POSTCODE

CONTACT TEL. NO.

EMAIL

ABOUT YOU

Please use and enclose a separate A4 sheet if more space is required

PLEASE GIVE A BRIEF SUMMARY OF HOW YOU BECAME A CHRISTIAN:

GIVE DETAILS OF YOUR CHRISTIAN SERVICE OVER THE PAST 2 YEARS :

WHY WOULD YOU LIKE TO JOIN THE ACADEMY PROGRAMME?

WHAT WOULD YOU SAY ARE YOUR MAIN STRENGTHS AND WEAKNESSES?

PLEASE INDICATE WHICH STREAM YOU WOULD LIKE TO TAKE PART IN?

ENGAGE CREATE REACH VIRTUAL

WHICH FOCUS SESSION WOULD YOU LIKE TO TAKE PART IN? *(Please note - this is only to be filled out by those who want to take part in the Engage Stream)*

DRAMA MUSIC PRAYER CHURCH MEDIA ADMIN

REFERENCE CONTACT DETAILS

As a ministry we require each applicant to provide details of two people who have agreed to provide a reference:

1. A minister/ pastor who has known you for the majority of your Christian experience
2. A professional person who has known you personally for at least the past two years

REFERENCE ONE

FIRST NAME

LAST NAME

ADDRESS

POSTCODE

CONTACT TEL. NO.

EMAIL

SIGNATURE

DATE

I would / would not* recommend the aforementioned applicant to Crown Jesus Ministries.
I am / am not* happy to be contacted for a more detailed reference.

**delete as appropriate*

REFERENCE TWO

FIRST NAME

LAST NAME

ADDRESS

POSTCODE

CONTACT TEL. NO.

EMAIL

SIGNATURE

DATE

I would / would not* recommend the aforementioned applicant to Crown Jesus Ministries.
I am / am not* happy to be contacted for a more detailed reference.

**delete as appropriate*

APPLICATION SIGNATURE

I certify to the best of my knowledge that the enclosed information is true.

PRINT NAME

SIGNATURE

DATE

PLEASE RETURN TO:

Steven Halliday
Crown Jesus Ministries
7 Calvin Street,
Belfast
BT5 4NS