Training In Mission (Diploma in Mission) 2024

**APPLICATION FORM**

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| ***General Instructions***   * *Please type your answers, or use* ***CAPITAL*** *letters if you are writing by hand.* * *Please send a**copy of your* ***passport*** *d****etails*** *page (with photograph, personal details and dates of issue /expiry as well as a digital passport style photograph.* * *Applications are only considered with the Section B- Member Church (Denomination) Endorsement* * *Please attach accomplished Section C -Medical Information Form, for our records and insurance purposes.* |

**SECTION A**

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| Section 1 - Personal Details |

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| **Surname** |  | **First Name** |  |

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| **Full Name as on Passport** | |  | | | | |
| **Preferred name on Name Tag** | |  | | | | |
| **Date of Birth (dd/mm/yyyy)** | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | **Age** |  | **Gender** |  |
| **Passport Number** | |  | **Passport Issue Date** |  | **Passport Expiry Date** |  |
| **Nationality** | |  |  |  | **Proficient in English for group and academic work** | **Yes / No** |
| **Language** | | **Mother Tongue** |  | **Other Languages**  **Ability** |  |  |
| **Full home address** | |  | | | | |
| **Postal address (for courier deliveries):** | |  | | | | |
| **Mobile Phone No.**  **or WhatsApp #**  **(include country code)** | |  | | | | |
| **E-mail address** | |  | | | | |
|  | Section 2 - Work Experience | | | | | |

*Please list from most recent employment.*

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| **Period/Year** | **Employer** | **Designation** |
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| Section 3 - Educational Background |

*Please list from highest qualification.*

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| **Period/Year** | **Institution** | **Qualification** |
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**Volunteer Work and Other Qualifications**

Do you hold a 1st Aid Certificate? YES / NO

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| --- | --- | --- |
| **Period/Year** | **Institution** | **Designation/Qualification** |
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## Other Interests

**What are your other interests outside your work/study?**

### Section 4 - Ministry

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| What Council for World Mission (CWM) member church/partner ecumenical body do you belong to? |  |
| When were you baptised? |  |

### Section 5 - About Training in Mission

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| *Please answer the questions below. Continue on a separate sheet, if necessary.* |
| 1. **How did you know about the TIM programme?** |
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| 1. **What do you know about the Council for World Mission and your church/ecumenical body‘s involvement with CWM?** |
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| 1. **How are you engaged in the mission of your Church?** |
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| 1. **Why do you want to join the TIM Programme?** |
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| 1. **What can you contribute to the TIM Programme?** |
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### Section 6 - Essay and Reflection

1. Please attach a Reflection on the topic: **Mission and Empire,** responding to the CWM downloadable Paper “Unmasking Empire”: https://www.cwmission.org/resources/publications/?cp=2 or request a copy (e-mail:) empowerment@cwmission.org. [1000-1200 words].

2. Please attach a Reflection about your Faith Journey. How have you become a disciple of Jesus Christ and what has influenced your faith? [800-1000 words]. Written in English. If shortlisted, this will form the basis of your introductory sharing in the Interview.

*You may write in the language of your choice. If your essay is not in English, you must: - 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 – Post-programme Goals

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

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**2. How does your plan align with your Church's mission, goals and objectives?**

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### Section 8 - Declaration

I satisfy the Training in Mission (TIM) Programme basic requirements for its participants: to be **single** and **do not have any intention of getting married prior to the start of the Programme** and **not** an ordained minister.

Further, I certify that all the information I have provided is 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 □.*

**SECTION B**

### Church Endorsement

### *(to be completed by General Secretary/Church Moderator)*

**Why did the Church choose him/her to participate in the Training in Mission? 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 by the Member Church.**

***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 Training in Mission when s/he goes back to your church/institution?**

***Continue on a separate sheet, if necessary.***

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| **Other Remarks/ Additional Information** |

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Signature over Printed Name of General Secretary/Church Moderator

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION C

### Medical Information

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| **Name** |  |  |  |  |  |  |  |
| **Date of Birth** |  |  |  | **Age** |  | **Gender** |  |

**Emergency Contact Numbers.** *Please provide two (2) emergency contacts.*

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| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Relationship** |  | | |
| **Daytime phone number** |  | **Mobile number** |  |
| **Postal address** |  | | |
| **Email** |  | | |
|  |  |  |  |
| **Full Name** |  | | |
| **Relationship** |  | | |
| **Daytime phone number** |  | **Mobile number** |  |
| **Postal address** |  | | |
| **Email** |  | | |

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| **Do you need any mobility assistance?**  *If yes, please give details.* |  |
| **Do you have any disabilities CWM should be aware of?** *If yes, please give details.* |  |
| **Do you have known allergies?**  *If yes, please give details.* |  |
| **Are you aware of any medical conditions that may hinder your participation to the TIM Programme?**  *If yes, please give details.* |  |
| **Special Dietary Requirements** |  |

***To be completed by Attending Physician / Health Professional.***

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| **Pulse rate** |  | **Blood pressure** |  | **Height** |  | **Weight** |  |

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| **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 training?** |  |
| **Does the applicant need any special diet or regular medical treatment of any kind?** |  |

### ATTENDING PHYSICIAN’S CERTIFICATION

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically **fit / unfit** to participate in the Training in Mission Programme 2024 of the Council for World Mission.

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Signature over Printed Name of Attending Physician

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_