

Leadership Academy

APPLICATION FORM

Please complete in BLOCK CAPITALS

Course commencing: September _____ (insert year)

Personal Details

First Name: _____

Surname: _____

Address: _____

Daytime Tel: _____

E-Mail: _____

Date of Birth: _____

Marital Status: _____

Nationality: _____

First Language: _____

Home Church: _____

Current Employment: _____

REFEREES

1. Pastoral reference from a member of the leadership team of your home church:

First Name: _____

Surname: _____

Address: _____

Daytime Tel: _____

E-Mail: _____

2. A personal character reference from someone who has known you for over two years (non-family)

First Name: _____

Surname: _____

Address: _____

Daytime Tel: _____

E-Mail: _____

How did you find out about the Leadership Academy?

Background Information:

Please send us the following information on a separate sheet of paper:

When and how you become a Christian.

Why you have applied for the Leadership Academy Course.

How you would finance your 2 years at the Academy.

Date and Signature: _____

Successful applicants will receive confirmation of their place on the course.

Your place is then guaranteed upon receipt of your deposit.