

Network Ministry Training Course - Application Form

Name : _____

Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____ Date of birth: ___/___/___

Current employment: _____

Church affiliation: _____

Details of two referees:

Name 1 (Minister)	Name 2
Address	Address
Post Code	Post Code
Telephone	Telephone
Email	Email

1. Give a brief summary of your journey to faith in Christ

2. Which books have influenced you most over the past two years

3. What ministry experience have you had in local church or mission agency?