



COUNCIL FOR WORLD MISSION

A NEW FAITH AND

CULTURE EXPERIENCE 2015

12 OCTOBER – 27 NOVEMBER 2015



APPLICATION FORM

General Instructions

- A New FACE (ANF) Programme is open to **ordained minister serving in ministry only**.
- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- Applicant must hold valid passport. Please send copy of your passport detail page and two (2) passport size photograph.
- Your application must be endorsed by your Church and Part B (Endorsement from the Church) must be duly completed.
- Please accomplish Part C (Medical Information Form), for CWM records and insurance purposes.

PART A

Section 1 - Personal Details

Surname		First Name			
Full Name (as Stated on the Passport)					
Date of Birth (DD/MM/YYYY)		Age		Gender	
Passport Number		Passport Issue Date		Passport Expiry Date	
Nationality				Proficient in English	Yes / No
Full address					
Mailing address					
Daytime Phone No.					
Mobile Phone No.					
E-mail address					

Section 2 - Ministry

Denominational Church	
Year of Ordination	

Section 3 - Work Experience

Please list from most recent employment. Continue on a separate sheet if necessary.

Period of Employment	Employer	Position Held

Section 4 - Educational Background

Please list from highest qualification. Continue on a separate sheet if necessary.

Period of Education	Institution	Qualification

Volunteer Work and Other Qualifications

Period	Institution	Positions Held / Qualification

Other Interests

What are your other interests outside your work/study?

Section 6 - Essay

On a separate sheet, please write an essay on your understanding on the topic: **Mission in the Context of Empire**. This should not exceed more than 2,000 words. Please send your essay as an attachment to your completed application form.

For background information, you may read on the CWM Theology Statement 2010 on (link): <http://www.cwmission.org/wp-content/uploads/2012/12/CWM-Theology-Statement-2010-final.pdf> or request for copy at (e-mail:) empowerment@cwmission.org.

You may write your essay 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 - Reintegration and Action Plan

This part aims to assess how you plan on using the knowledge, skills and experiences to be gained from the ANF Programme and how this is aligned to your church's over-all mission, goals and objectives. You are strongly advised to consult with your General Secretary/Church Moderator in completing this part. Continue on a separate sheet, if necessary.

Over-all Objective				
Specific Objectives	Tasks	Success Criteria/ Indicators	Time Frame	Resources Needed

Section 8 - Reference

Please provide two (2) referees from your church who can substantiate your suitability for the Programme.

	Referee 1	Referee 2
Full Name		
Position		
Mobile number		
Email address		
Relationship		
Period of Relationship		

Section 9 - Declaration

I certify that all the information I have provided are 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 .

PART B

ENDORSEMENT FROM THE CHURCH

To be completed by General Secretary/Church Moderator

Please continue on a separate sheet, if necessary.

Why did the Church choose him/her to participate in the A New Face?

How is this application consistent with your Church's long term Capacity Development Plan?

How will the applicant serve the Church upon return? How does the applicant's Reintegration and Action Plan (see Section 7) contribute to the Church's plan?

How is s/he chosen? Please discuss briefly the selection process undertaken.

Other Remarks/ Additional Information

Signature over Printed Name of Church Representative

Designation _____

Email Address _____

Date _____

PART C

MEDICAL EXAMINATION FORM

Name							
Date of Birth				Age		Gender	
Pulse rate		Blood pressure		Height		Weight	

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

Full Name			
Relationship			
Daytime phone number		Mobile number	
Postal address			
Email			

Full Name			
Relationship			
Daytime phone number		Mobile number	
Postal address			
Email			

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

IMPORTANT: To be completed by Attending Physician.

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? Yes	
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 further 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 A New FACE 2015 of the Council for World Mission.

 Signature over Printed Name of Attending Physician
 Date _____
 Registration No. _____