

Council for World Mission

A New Face 2020

August 17th – September 25th 2020

Auckland, New Zealand

###

### APPLICATION FORM

**Closing Date April 6th 2020**

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| General Instructions* A New FACE (ANF) Programme 2020 is open to ministers from indigenous, minority ethnic and migrant communities.
* 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.
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**PART A**

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| 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**

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| **Denominational Church** |  |
| **Year of Ordination** |  |

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### Section 3 - Work Experience

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

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| **Period of Employment** | **Employer** | **Position Held** |
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| Section 4 - Educational Background |

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

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| **Period of Education**  | **Institution** | **Qualification**  |
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**Volunteer Work and Other Qualifications**

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| **Period** | **Institution** | **Positions Held / Qualification** |
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## Other Interests

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

### Section 5 - About A New FACE

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| *Please provide answer the questions below. Continue on a separate sheet, if necessary.* |
| 1. **Please provide brief information about yourself.**
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| 1. **How are you engaged in the mission of your Church? Please describe various elements about your congregation, including but not limited to the setting (i.e. city, rural), nature and issues in local community and main emphasis in your congregation’s life.**
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| 1. **Why do you wish to participate in the A New FACE Programme? What do you hope to gain from your participation?**
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| 1. **What can you contribute to the A New FACE Programme?**
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### Section 6 - Essay

On a separate sheet/file, please share your reflections on the mission issues facing people from indigenous, minority ethnic and migrant communities in your context, and how addressing them resists Empire and invites life in fullness through Christ. This can be offered in a variety of media/forms, as an essay, or as a powerpoint reflection, or as a series of poems etc.

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:) missiondevelopment@cwmission.org.

You may offer your reflections in the language of your choice. If they are 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.*

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| **Over-all Objective** |  |  |  |  |
| **Specific Objectives** | **Tasks** | **Success Criteria/****Indicators** | **Time Frame** | **Resources Needed** |
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### Section 8 - Reference

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

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|  | **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**

**Please note completion of the application form does not guarantee participation as numbers are limited and we will need to select from the pool of applicants we receive**

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 the applicant to participate in the A New Face?**

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

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| **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 the applicant chosen? Please discuss briefly the selection process undertaken.**

**Other Remarks/ Additional Information**

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Signature over Printed Name of Church Representative

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

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

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

PART C

### MEDICAL EXAMINATION FORM

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

**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 Programme?** *If yes, please give details.* |  |
| **Special Dietary Requirements** |  |

***IMPORTANT: To be completed by Attending Physician.***

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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? 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 2020 of the Council for World Mission.

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Signature over Printed Name of Attending Physician

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

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