**SECTION B**

### CWM MEMBER CHURCH or ECUMENICAL PARTNER Endorsement

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

**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.**

***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/Ecumenical Partner

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

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

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