



Application Form

THRIVE SCHOOL OF MINISTRY

You will need

1. This completed Application Form
2. A current picture of the applicant
3. £50.00 non-refundable application fee (cheques can be made payable to South Chard Church)
4. Copies of any educational qualifications you may have

When you have completed the application form with accompanying documents, please send it to:

Thrive School of Ministry
South Chard Church
Post Office Lane
South Chard
Somerset
TA20 2PN

What will happen next?

1. The application will be reviewed.
2. We will send a confidential reference form to the applicant's pastor.
3. If the applicant receives a favourable pastoral recommendation, a personal interview will be arranged with the applicant.
4. For any applicant who satisfactorily completes steps 1-3, the school will then proceed with a letter of acceptance.

Your Details

Please answer the following questions as fully as possible. The information you provide helps enable us to assess your suitability for the course. We will contact you upon receipt of your application.

1. Title (Rev/Dr/Mr/Mrs/Ms/Miss) _____

2. Christian Names _____

3. Surname _____

4. Date of Birth _____

5. Marital Status _____

6. Spouse’s Name (if applicable) _____

7. Names and Ages of Children (if applicable) _____

8. Current Address _____

Postcode _____

9. Telephone _____

10. Mobile phone _____

11. E-mail _____

12. Nationality _____

Your Transport

Do you have a full and current driving license?

Do you have a car and are you going to be able to use it while at the school?

Your Church Life.

13. Name of the church you are part of _____

Would you describe yourself as a committed member of this church?

Please describe any current responsibilities you hold in this church

14. Details of a leader/ pastor in your church whom you know personally (they will be consulted concerning your application)

Name _____

Address _____

Post/Zip Code _____

Telephone _____

E-mail _____

15. Details of your employer/tutor, or someone in a professional capacity whom you know personally (we may be contacting them for a reference):

Name _____

Address _____

Post/Zip Code _____

Telephone _____

E-mail _____

16. Details of the person in your church you would look to for pastoral input and advice:

Name _____

Address _____

Post/Zip Code _____

Telephone _____

E-mail _____

Your Skills

17. Please describe any Qualifications you have (GCSE, A levels, GNVQ, Diploma, Degree, Masters)

18. Please describe any ministry experience you may have and also any areas you would like to develop during the course, i.e. children’s ministry, youth work, preaching, evangelism, worship.

19. Do you have any learning or physical impairments? (If yes, please give brief details)

20. Please give particulars of any medical problems (including requirements for repeated medication, other needs you think we should be aware of and whether you have ever suffered from any form of depression, emotional illness or nervous breakdown and if you were/are receiving treatment for this)

Your History

21. Do you have a criminal record? (If yes, please give brief details)

22. Is there anything that you feel we should know concerning your past?

Your Finances

23. Have you sufficient finance? (Please tick if yes, if not please indicate the shortfall)

Yes

No | Shortfall [_____]

Your Faith

Please complete your answers to the following on a separate sheet: (Between 200-400 words, or half a page, each)

24. Please write a brief account of how you became a Christian, including a testimony of how you have seen God working in your life subsequently.

25. In your own words, please write who you say Jesus is, what are your beliefs about the Bible and, in particular, your beliefs about salvation?

26. Please write a brief personal profile referring to your personality, interests, existing occupation (including details of the responsibilities you hold), ability to relate to others and any other information you think is relevant to your application to Thrive Ministry School.

27. Please write a brief description of why you are considering attending Thrive Ministry School.

Your Signature

I certify to the best of my knowledge all of the answers and statements in this application are true and accurate.

Signature _____

Date _____

Please do not hesitate to contact us if you have any questions regarding the College or this form.