

Ministry Training Course

Application Form

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# Personal Details

|  |  |
| --- | --- |
| Surname |  |
| First Name  If you aren’t known by your first name, please give the name you are known as |  |
| Title |  |
| Phone number |  |
| Email  We will send weekly MTC emails to this address |  |
| Address |  |
| Post Code |  |
| Age group  It is helpful to know your age for assigning you to a small group. Please tick/underline which age group you are in. If you'd rather not say you can leave this field blank. | 18-25  26-35  36-45  46-55  55+ |
| Current occupation |  |
| If you work for a church or christian organisation please give its name here |  |
| Church you attend |  |

# Further Details

Please describe your experience of Christian ministry

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In what ways do you hope to be teaching God’s Word in the future?

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Please explain why you wish to attend the South Central Ministry Training Course

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# Supporting Details

Use this space to detail any further points that you would like to include to support your application.

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# Referees

Please provide the name and contact details of 2 referees. These should not be family members and one referee should be your church minister.

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## Referee 1 - Church Minister

|  |  |
| --- | --- |
| Full name |  |
| Email |  |
| Phone number (daytime) |  |
| In what capacity do you know this referee? |  |
| How long have you known them? |  |

Referee 2

|  |  |
| --- | --- |
| Full name |  |
| Email |  |
| Phone number (daytime) |  |
| In what capacity do you know this referee? |  |
| How long have you known them? |  |

Please return this application form to:

[admin@scgp.org.uk](mailto:admin@scgp.org.uk)

or

South Central Ministry Training Course,

℅ St Ebbe’s Church

2 Roger Bacon Lane,

Oxford,

OX1 1QE

If you have any questions about the course or would like to find out more before applying, please be in contact with Matt Searles (SCGP Director of Training):

[matt@scgp.org.uk](mailto:matt@scgp.org.uk)

We look forward to hearing from you.