

**Council for World Mission**

**APPLICATION FORM**

**for Partner in Mission Service through CWM**

* Prospective Partners in Mission are invited to respond to all the questions in Part One and Two of this application form. Please feel free to give extended or brief answers as required. Please use a black ink pen or, if possible, a computer.
* Please read the accompanying Assembly Theme Expression document and share your reflections as required in the appropriate section of the form.
* Part Three should be completed by the leadership of your Member Church.

**FOR OFFICIAL USE ONLY:**

Received by CWM staff member

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Mission partner Application – part one |
| --- |
| Applicant Information (\**exactly as they appear in your passport*) |
| **Surname:** |  |
| **Christian name(s):** |  |
| **Title(s):** |  | **Gender:**  | **Male** [ ]  **Female** [ ]  |
| **Date of birth:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

 | **Nationality:** |  |
| **Place of birth:** |  |
| **Current address:** |  |
| **Postcode** **(if applicable):** |  |
| **Telephone****Numbers:** | **Home** |  | **Fax** |  | **Mobile** |  |
| **E-mail address:** |  |
| SPOUSE INFORMATION (if applicable) |
| **Surname:** |  |
| **Christian name(s):** |  |
| **Title(s):** |  | **Gender:** | **Male  Female ** |
| **Date of birth:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

 | **Nationality:** |  |
| **Place of birth:** |  |
| **Current address:** | ***Same as above*** [ ]  ***If different, please state***  |
| **Telephone Home:** | **Home** |  | **Fax** |  | **Mobile** |  |
| **E-mail address:** |  |
| Date of marriage:  |

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| **If unmarried, are you engaged to be married?** |
| **YES ( ) NO ( )** |
| Children’s information |
| **Full Name:** |  |
| **Date of birth:**  |

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 | **Gender:** | **Male  Female ** |
| **Full Name:** |  |
| **Date of birth:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

 | **Gender:** | **Male  Female ** |
| **Full Name:** |  |
| **Date of birth:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

 | **Gender:** | **Male  Female ** |
| **Full Name:** |  |
| **Date of birth:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

 | **Gender:** | **Male  Female ** |
| Next of Kin *(to be contacted in case of emergency*) |
| **Full Name:** |  |
| **Relationship to you:** |  |
| **Address:**  |  |
| **Telephone:** |  | **E-mail address:** |  |
| **Do you, or a member of your family, have a disability? Yes  No ** |
| **If yes, please give details on the type of disability.** |
|  |
| **Passport details (if available)** |
| **Passport number:** |  | **Place of issue:**  |  |
| **Date of issue:** |

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 | **Date of expiry:** |

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| **D** | **D** | **M** | **M** | **Y** | **Y** |

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| ***CWM will hold your details on file in order to process your application and to send you relevant information. We may wish in the future to send you further information about CWM or seek your views about its work.******If you do not want your records to be used for this purpose, please tick this box.*** [ ] ***Your details will not be given to a third party outside CWM without your consent.*** |
| AVAILABILITY |
| How long are you prepared to serve?  |
| Two years [ ] Three years [ ] More than three years [ ] Short term (*please state your preferred duration) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| When would you be free to commence service? |
|  |
| Preferred country of service: |
|  |
| Are you willing to go elsewhere?  Yes [ ]  No [ ]  |
| In what area of work are you willing and interested in serving?  |
|  |
| Are you willing to undertake a period of training and orientation before commencing service? **Yes** [ ]  **No** [ ]  |
| EDUCATION AND QUALIFICATIONS |
| **List the names of the educational institutions (schools/ colleges/universities) you have attended:** |
| Name: |  |
| Date commenced: |

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 | Date completed: |

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| Name: |  |
| Date commenced: |

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| Name: |  |
| Date commenced: |

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| Name: |  |
| Date commenced: |

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| Name: |  |
| Date commenced: |

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| **What are your qualifications?** |
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| **Practical training and/or in-service courses, with dates:** |
| Name: |  |
| Date commenced: |

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 | Date completed: |

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| Name: |  |
| Date commenced: |

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| Name: |  |
| Date commenced: |

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| Name: |  |
| Date commenced: |

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 | Date completed: |

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| **Do you have other qualifications, including membership of trade or professional associations?** |
| Yes [ ] , please list below No [ ]  |
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| If you are an ordained minister, please state the place and date of your ordination. |
| Place**:** |  |
| Date of ordination: |

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| Specialisation in ministerial service (if applicable): |  |
| WORK EXPERIENCE |
| Present position: |  |
| Employer: |  | Date commenced: |

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| Address:  |  |
| Brief description of duties: |
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| Please give details of your previous positions below: |
| Employer | Date Started | Date Ended | Title | Duties |
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| **CHURCH INVOLVEMENT** |
| Which member church do you and your spouse belong to? |
|  |
|  |
| Give brief details of any positions you hold in the church and activities you are involved in: |
| Applicant: |  |
| Spouse: |  |
| **OTHER INTERESTS** |
| Give brief details of your spare time activities and interests: |
| Applicant: |  |
| Spouse: |  |
| LIFE AND SERVICE ABROAD |
| List other dependents for whom you have responsibility: |
| **Name**  | **Age** | **Relationship** | **Nationality** |
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| What arrangements will you have in place for them if you go abroad? |
|  |
| Have you already lived overseas? Yes [ ]  If so, where and when? No [ ]   |
| *Country* | *Date you migrated* | *Date you returned home* |
|  |  |  |
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| Are you able to communicate in English in writing and speech? No [ ]  Yes [ ]   |
| In what other language(s) are you able to communicate in writing and speech? |
|  |
| Are you prepared to learn another language when serving as a PIM? Yes [ ]  No [ ]  |
| **MISSION PARTNER APPLICATION – PART TWO** |
| **CHRISTIAN COMMITMENT** |
| Describe briefly the beginning and development of your Christian faith: |
| Applicant: |  |
| Spouse: |  |
| Please describe any particular problems and/or insights about understanding and living the Christian faith which you would like to share: |
| Applicant: |  |
| Spouse: |  |
| **SERVICE ABROAD** |
| What has motivated you to pursue this sense of call to serve at this time? |
|  |
| Service overseas requires adaptation to another culture. It means a readiness to understand another culture, to listen to what other people are saying, to accept values different from those to which you are accustomed, to re-order your priorities and to encounter difficulties which may not exist at home. |
| A - How open are you to being changed and challenged in your views? |
|  |
| B - List what you think may be difficulties for you: |
|  |
| **CONCEPT OF MISSION** |
| CWM’s Assembly Theme is **Rising to Life with Jesus** and there are five (5) sub themes –1. Rolling the Stone Away
2. Breathing Life into the Valleys of Death
3. Confronting Power, Claiming Peace
4. Lamenting, Repenting and Repairing - Towards Healing
5. Dismantling Violence; Embodying Love

In not less than 100 words, share your reflections/understanding of any one of the sub themes. |
| **Applicant** |  |
| **Spouse** |  |
| From your reflection on the theme, in what ways has your understanding of mission been challenged or affirmed? |
|  |
| What do you regard as your main strengths and weaknesses? |
| Applicant: |  |
| Spouse: |  |
| Briefly describe any contact you have had with people of other faiths and people from other cultural backgrounds: |
|  |
| What experience have you had of worshipping and/or working with Christians belonging to churches other than your own? |
|  |
| Do you have any liabilities back home, to your family and/or financially? |
|  |
| Are there any other comments you wish to make in support of your application? |
|  |
| REFEREES |
| Please supply the names, addresses and phone numbers of 3 people whom we may contact about you. |
| ***Relationship*** | ***Full Name*** | ***E-mail Address*** | ***Telephone Number*** |
| Church official: |  |  |  |
| Colleague: |  |  |  |
| Other: |  |  |  |
| Please supply the names, addresses and phone numbers of 2 people whom we may contact regarding your spouse. ***At least one of these should be a person within the church.*** |
| ***Relationship*** | ***Full Name*** | ***E-mail Address*** | ***Telephone Number*** |
| Church official: |  |  |  |
| Other: |  |  |  |
| Please insert (or attach) a recent photograph of yourself and your spouse. |
|  |
| Signature of applicant: | ***Please note that the signatures must be hand written.*** |
| Signature of spouse: |  |
| Date submitted: |

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# FOR THE DENOMINATIONAL CHURCH OFFICE

# MISSION PARTNER APPLICATION – PART three

# FOR THE SENDING CHURCH Leadership

*To be completed by the relevant church body/official*

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| List the steps your church has taken as it seeks to take on the responsibilities of a sending church in the event an appointment is made. (**Details of the responsibilities are found in the Sharing Common Resources manual)** |
|  |
| Which appropriate committee/s have gone through its procedure of selection and supporting discernment of call before recommending the candidate(s) to CWM?  |
|  |
| Share the gifts and abilities that you know the candidate has that would allow them to make a difference where they may serve. |
|  |
| Church stamp and signature of the appropriate church officer: |
| *Signature and Title**Church Stamp* |  |
| *Date Completed* |

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***PLEASE RETURN THE COMPLETED APPLICATION FORM TO:***

Mrs. Vickeisha King Burke

Partner in Mission Coordinator

***E-mail:*** ***vickeisha.burke@cwmission.org***