



3D Mission Training Personal Application Form

Please complete this personal application form so that we can determine your suitability to attend. On completion of this form please return to us: 3D Mission Training, PO Box 186, Riversdale 9744.
Thank you, God Bless you.

Course you are applying for: _____

<<<THIS NEEDS TO BE YOUR LEGAL NAME / AS IT APPEARS ON YOUR PASSPORT>>>

First Name : _____ Last Name : _____

You prefer to be known as : _____ Date of Birth: ____ / ____ / ____

Are you (Please circle) MALE / FEMALE Home phone number : _____

Mobile number : _____ Email address : _____

Your marital status (Please circle) Single Engaged Married Widowed Separated

Your residential address: _____ Postal address (if different) : _____

Name of Emergency Contact : _____

Their Relationship to you : _____ Contact number : _____

ADULTS	S	M	L	XL	2XL	3XL	4XL	5XL
CHEST	53.5	56	58.5	61	63.5	66	68.5	71
SP LENGTH	71.5	74	76.5	79	81.5	84	86.5	87.5

Tee shirt Sizing is in centimeters. Measure across your favourite tee shirt on a flat surface and choose size that is closest to that. SP- Shoulder Point (Shoulder-bottom hem)

Please circle your preferred size: **S M L XL 2XL 3XL 4XL 5XL**

[Passport details needed only if travel to or on course is required]

Passport number : _____ Date of expiry: _____

Passport Nationality : _____ Place of issue : _____

OR I don't currently have a passport **OR** I am in the process of applying for a passport

Will you need to apply for a Visa to attend this course or to travel on this course? (Please circle) **YES NO I DON'T KNOW**

Do you have or have you ever had any Criminal Convictions? (Please circle) **YES NO**

Do you have **ANY HEALTH ISSUES/CONDITIONS** that may affect you during the course? (Please circle)

YES NO If YES please explain _____

Are you on any medications (Please circle) **YES** **NO** If YES what are they? _____

Are you a smoker? (Please circle) **YES** **NO**

Do you have **ANY ALLERGIES**; food or other (Please circle) **YES** **NO**

If YES what is the allergy, your reaction and required treatment for it? _____

Why do you want to attend this school? _____

Please tell us about your Christian journey _____

What skills will you bring to the outreach phase? _____

If you are at school or if you have left school in the last 5 years what is your academic record?

What is your work experience? _____

Have you had any experience living in a Christian community – if so how did you find it?

Please tick appropriate box on how you see your personal qualities

	Unsure	Poor	Average	Good	Excellent
<i>Example</i>			✓		
Ability to handle stressful situations					
Ability to follow directions					
Judgment/decision making					
Cheerfulness					
Christian Character					
Concern for others					
Co-operation					
Emotional stability					
Financial responsibility					
Flexibility					
Health					
Initiative					
Leadership capability					
Academic ability					
Moral standards					
Perseverance					
Personal appearance					
Punctuality					
Reliability					
Self-discipline					
Social adaptability					
Temperament					

Please attach any answers to questions if you need more space on additional paper or feel free to attach any additional comments that will support your application. Thank you.

All students are required to pay a \$50 Application fee at time of applying for any of our courses, this is a non-refundable fee that will be discounted off your total fee cost. This fee covers Administration costs and materials needed for you as a student. Payment for this can be made directly to our Administrator by cash or by cheque or Internet Banking Payment to:

Waimea Christian Trust : 03 0915 0255116 00

Please use APP and your NAME "APP FRED" as your reference when making an internet payment and attach your payment receipt to this application.

Your Checklist

- Personal Application Form filled out (Pages 1-4)
- Recommendation Forms given out (Pages 5-6,7-8)
- \$50 Application Fee Attached OR
Date Paid _____ by CASH/ CHQ/ INTERNET

Disclaimer Form

Consent for treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the base director, or his/her delegate the authority to make any decision concerning my immediate treatment, including anesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such time as I am able to make the next decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/her authority as provided herein. I declare that I shall not hold 3D Mission Training / Global Disciples, the School director or his/her delegate, liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me"

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Parent's Signature* _____ Date _____

Relationship to applicant _____

Liability Release

"I release 3D Mission Training / Global Disciples, its agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by myself during the course of my involvement with 3D Mission Training / Global Disciples"

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Parent's Signature* _____ Date _____

Relationship to applicant _____

Acknowledge of Financial Responsibility

"I understand that payment of the required school fees must be made in New Zealand currency upon the commencement of the school, unless otherwise approved in writing by the school Director/Administrator"

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Parent's Signature* _____ Date _____

Relationship to applicant _____

Media Release

"I release 3D Mission Training / New Zealand Global Disciples to use photographs, video footage or other electronic images of me in publications ie advertising for future courses"

Applicant's Full Name _____

Applicant's Signature _____ Date _____

Parent's Signature* _____ Date _____

Relationship to applicant _____

*Or responsible party if under 18 years of age



3D Mission Training

Employer / Teacher Recommendation

Applicants' Full Name: _____

This individual has applied to attend one of our 3D Global Disciples Mission Training Schools. Please complete this recommendation form so that we can determine the applicants' suitability to attend the course. Your thoroughness and candidness will help us accurately assess the ability and strengths of this individual. If you have any questions, please contact us at globaldisciples@gmail.com or call our office 0 3202 5110. Thank you for your assistance.

**Please return this completed form to:
3D Mission Training, PO Box 186, Riversdale, Southland 9744**

Referee's name: _____

Referee's relation to applicant: _____

Referee's contact number: _____

How long have you known the applicant? _____

Describe the applicant's relationship with others in your work (or school) place _____

Would you recommend this applicant without reservations *(Please circle)* **YES** **NO**

If NO please explain _____

Please continue over page...

Please tick appropriate box on how you see the applicants' personal qualities

	Unknown	Poor	Average	Good	Excellent
<i>Example</i>			✓		
Ability to handle stressful situations					
Ability to follow directions					
Judgment/decision making					
Cheerfulness					
Christian Character					
Concern for others					
Co-operation					
Emotional stability					
Financial responsibility					
Flexibility					
Health					
Initiative					
Leadership capability					
Academic ability					
Moral standards					
Perseverance					
Personal appearance					
Punctuality					
Reliability					
Self-discipline					
Social adaptability					
Temperament					

Any additional comments you may have _____

Have you shown this reference to the applicant? *(Please circle)* **YES** **NO**



3D Mission Training

Pastor / Minister Recommendation

Applicants' Full Name: _____

This individual has applied to attend one of our 3D Global Disciples Mission Training Schools. Please complete this recommendation form so that we can determine the applicants' suitability to attend the course. Your thoroughness and candidness will help us accurately assess the ability and strengths of this individual. If you have any questions, please contact us at globaldisciples@gmail.com or call our office 0 3202 5110. Thank you for your assistance.

**Please return this completed form to:
3D Mission Training, PO Box 186, Riversdale, Southland 9744**

Referee's name: _____

Referee's relation to applicant: _____

Referee's contact number: _____

How long have you known the applicant? _____

Describe the applicant's relationship with others in your work (or school) place _____

Would you recommend this applicant without reservations *(Please circle)* **YES** **NO**

If NO please explain _____

Please continue over page...

Please tick appropriate box on how you see the applicants' personal qualities

	Unknown	Poor	Average	Good	Excellent
<i>Example</i>			✓		
Ability to handle stressful situations					
Ability to follow directions					
Judgment/decision making					
Cheerfulness					
Christian Character					
Concern for others					
Co-operation					
Emotional stability					
Financial responsibility					
Flexibility					
Health					
Initiative					
Leadership capability					
Academic ability					
Moral standards					
Perseverance					
Personal appearance					
Punctuality					
Reliability					
Self-discipline					
Social adaptability					
Temperament					

Any additional comments you may have _____

Have you shown this reference to the applicant? (Please circle) **YES** **NO**