3D Mission Training | Personal Application Form | EMAIL VERSION

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

* Course you are applying for:
* Your name as it appears on your Passport
First Name : **→** Last Name :
* You prefer to be known as :
* Date of Birth: **00**/**00**/**0000**
* Are you (Delete other) MALE / FEMALE
* Your marital status (Delete others) Single Engaged Married Widowed Separated
* Home phone number : **→** Mobile number :
* Email address :
* Your residential address: **→** Postal address (if different) :
* Name of Emergency Contact : **→** Their Relationship to you :
Their contact numbers :
* Tee shirt Sizing is in centimetres. Measure across your favourite tee shirt on a flat surface and choose size that is closest to that. SP- Shoulder Point (Shoulder-bottom hem)

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

* Your preferred size (Delete others): 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?
(Delete others) YES | NO | I DON’T KNOW
* Do you have or have you ever had any Criminal Convictions? (Delete other) YES | NO
* Do you have **ANY HEALTH ISSUES/CONDITIONS** that may affect you during the course? (Delete other) YES | NO **→** If YES please explain
* Are you on any medications (Delete other) YES | NO **→** If YES what are they?
* Are you a smoker? (Delete other) YES | NO
* Do you have ANY ALLERGIES; food or other (Delete other) 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 mark appropriate box ‘X’ on how you see your personal qualities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unsure | Poor | Average | Good | Excellent |
| ***Example*** |  |  |  | **X** |  |
| 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 feel free to attach any additional comments that will support your application.

**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*
	+ *Recommendation Forms given out*
	+ *Disclaimer Form attached*
	+ *$50 Application Fee paid & receipt attached*

**Disclaimer Form - TO BE SIGNED AT OUR OFFICE.**

**IF UNDER 18YRS YOUR PARENT/GUARDIAN WILL NEED TO
SIGN IT AT THE OFFICE TOO, THANK YOU.**

**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 anaesthetics, 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 i.e. 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: globaldisciples@gmail.com or
Print and post 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 (Delete other) YES | NO
If NO please explain
* Please mark appropriate box ‘X’ on how you see the applicants’ personal qualities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unsure | Poor | Average | Good | Excellent |
| ***Example*** |  |  |  | **X** |  |
| 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? (Delete other) YES | NO

[**www.3dtraining.weebly.com**](http://www.3dtraining.weebly.com)

**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.

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Print and post to: 3D Mission Training, PO Box 186, Riversdale, Southland 9744

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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 (Delete other) YES | NO
If NO please explain
* Please mark appropriate box ‘X’ on how you see the applicants’ personal qualities

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| --- | --- | --- | --- | --- | --- |
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| ***Example*** |  |  |  | **X** |  |
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| Ability to follow directions  |  |  |  |  |  |
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| Temperament |  |  |  |  |  |

* Any additional comments you may have…
* Have you shown this reference to the applicant? (Delete other) YES | NO

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