

SOUTH CENTRAL MINISTRY TRAINING COURSE



Application Form

Please fill out the following form using blue or black ink and block capitals.

Personal Details

Surname

First Name

Title

Address

Post Code

Daytime tel

Evening tel

Mobile

Email

Date of Birth

Current occupation

Employer name

Church you attend

Further Details

Please describe your experience of Christian ministry

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

Please explain why you wish to attend the South Central MTC

South Central Ministry Training Course Application Form

Supporting Details

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

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.

Surname First Name Title

Address

Post Code

Daytime tel Email

In what capacity do you know this referee and for how long have you known them?

Surname First Name Title

Address

Post Code

Daytime tel Email

In what capacity do you know this referee and for how long have you known them?

Please return this application form to:

South Central Ministry Training Course, 2 Roger Bacon Lane, Oxford, OX1 1QE
or email admin@southcentralmtc.org