



Tim Training Course Application Form

PERSONAL DETAILS

Title (*Mr, Mrs, Dr, Rev, etc*) _____

Name _____

Postal Address _____

Phone _____

Email _____

Date of Birth _____

Family members
(*spouse, children*) _____

**Emergency contact person
and phone number** _____

Food allergies/intolerances
(*for catering purposes*) _____

BACKGROUND INFORMATION

**How did you become a
Christian?**

**Who or what has been
influential in your growth
as a Christian?**

**Why do you want to do the
Tim Training Course?**

**What education, courses or
training have you
completed in the past?**

**Do you have any learning
needs we should be aware
of?**

**What work or community
involvement have you had
in the past few years?**

CHURCH AND MINISTRY INFORMATION

What church are you currently attending?

How do you currently serve in your church?

Will you be involved in Bible teaching in the next 12 months?

What courses, events or training have you attended to help you grow in ministry?

What do you consider to be your main strengths in Christian ministry?

What do you consider to be your main weaknesses in Christian ministry?

PERSONAL DECLARATION

By signing and returning this application form, you agree to the following:

- 1) I agree with the Tim Training Course statement of faith - "Our Beliefs - Gospel Training Trust".
(Available online at <https://www.gtt.org.nz/about/our-beliefs/>)
- 2) If accepted, I will make every effort to attend all Tim Training Course classes and attempt all assessments. (Our attendance and assessment requirements are outlined in our 'Student Information Booklet'. Please request a copy if you do not have one).
- 3) If accepted, I will pay the required fees on time or communicate promptly with the Administrator if I need to make other arrangements.
- 4) If accepted, I will continue to actively serve in my local church and contribute to its Bible ministry as appropriate.

Signature of Applicant:

Date:

CHURCH AND MINISTRY INFORMATION

As the applicant, it is your responsibility to obtain a reference from your church minister, pastor, elder or key ministry leader to support your application.

<u>Name of Church Leader</u>	<u>Contact Details</u>
<p><u>Supporting comments</u> <i>Why you think the Tim Training Course will be useful for the applicant?</i></p> <p><i>In your opinion, will the applicant be a reliable and committed member of the course?</i></p> <p><i>Will the applicant have opportunities to engage in Bible teaching or preaching in your ministry or church in the coming year?</i></p> <p><i>Any other comments you'd like to make?</i></p>	
<u>Signature of church leader in support of this application</u>	

Please return all completed pages to: **Tim Training Course PO Box 20 154 Bishopdale Christchurch 8053** or admin@timtrainingcourse.org