

The Shepherd's Ministries
Certificate Course in Children's and Youth Ministry

APPLICATION FORM

PLEASE COMPLETE THE ENTIRE FORM IN CAPITAL LETTERS.

Title

Name (Surname first)

Address
Postcode:

Telephone (Home) (Office) E-mail

Male Female Marital Status Number of children

Nationality Date of Birth Occupation

Church or Fellowship attended

Leader's
Name:
Address:
Postcode: Phone:

Briefly describe your past and present involvement in Children's Ministry if any:

Have you had any previous training in Children's Ministry? YES NO

If YES give details:

Why do you want to take this Course? (Please use extra sheet(s) if necessary):

All the information given above are true to the best of my knowledge.

Signature: _____ Date: _____

PLEASE NOTE: All completed application forms should be returned to **TRAINING DEPARTMENT, THE SHEPHERD'S MINISTRIES 5 BROOKEHOWSE ROAD, LONDON SE6 3TJ.** All questions arising from this form should be addressed to the **Training Department:** Telephone: 0203 744 0239 E-mail: info@theshepherdsministries.org

See reverse of sheet for information on fees.

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FEES FORM.

Registration: £50.00 (None refundable)

Tuition-----£200.00

All Fees payable by Cash, Cheque, Bank Draft or Postal Orders to The Shepherd's Ministries.

If sending cash, it must be by recorded delivery. Please do not send coins by post.

Amount enclosed (in words) £

Paid by Cash/Cheque/Bank Draft/Postal Order (delete as appropriate). Balance

Name (surname first)

Signature: _____ Date _____

There is a discount for groups of five. Please ask for details.

PLEASE DO NOT WRITE BELOW THIS LINE
OFFICIAL USE ONLY