

**URBAN SHIFT
APPLICATION FORM**

PLEASE PRINT OUT AND SEND BACK TO ADDRESS BELOW

Please write in BLACK INK only, ensuring that all the questions are answered fully and boxes ticked. When completed, return the form to: Urban Shift

C/o LifeCentre
219 Langworthy Road
Salford

Or email it to urbanshift@hotmail.co.uk

Affix photo of yourself
here

COURSE:

1. NAME AND ADDRESS

Surname:

First Names:

Address:

Postcode: _____

Email: _____

Tel

(evening): _____

Tel(daytime): _____

2. AGE

Date of Birth:

Place of

Birth: _____

Nationality: _____

4. PRESENT OCCUPATION

If a student, please give course name and place of study. If employed, please give job title and place of employment.

Nature of

work: _____

Place of

work: _____

Tel:

5. EDUCATIONAL HISTORY

If your system of education does not fit the following categories, please list the equivalent information

on a separate sheet and staple to this application form.

Secondary Education (up to Age 18):

Name of Institution:

Years

attended: _____

Qualifications

Received: _____

Further Education

Name of

Institution: _____

Years

attended: _____

Qualifications Received (indicate if awaiting results)

Higher Education (above Age 18)

Name of

Institution: _____

Years

attended: _____

Qualifications

Received: _____

Any other

Qualifications: _____

6. LOCAL CHURCH INVOLVEMENT

Name of Church or

Fellowship: _____

Name and Phone No. of Minister best known to you:

Briefly describe your contributions to/areas of service within this fellowship:

What does your minister think of you attending Urban Shift?

If you have belonged to/been involved in fellowships other than the above, please give

Name, Minister's Name and the nature of your involvement.

7. Please list in short any leadership experience you have had (secular or Christian based), including the main responsibilities and length of time involved.

8. Please explain briefly how and when you came to faith in Christ.

9. As far as you are able, please describe the kind of work that you think God is preparing you for in the future, and the ways he has gifted you for this vocation.

10. Why do you want to take time out from your current occupation to do a discipleship course?

11. Why have you chosen Urban Shift in particular?

12. Can you foresee any events that would require your absence from the course?

13. COURSE SELF-EVALUATION

Briefly evaluate yourself as accurately as possible in the following areas:

Adaptability/Flexibility

Ability to get on with people you don't particularly like

Leadership

Ability to say what's on your mind

Punctuality

What would you say your biggest personality weakness is?

What would you say the best thing about your personality is?

14. OTHER PERSONAL DETAILS

Please describe your interests, talents or hobbies:

How do you best like to spend time on your own?

How do you best like to spend time socially?

Are you a vegetarian? Yes No

Do you hold a current driving licence? Yes No

Is there anything else you should tell us that would be helpful for us to know?

Do you have any criminal convictions? Yes No

(If yes, please attach details on a separate sheet)

15. REFERENCES

Please give the names and addresses of the three people who know you well and have agreed to act

as a referee. A member of your family should NOT be given. (If your third referee is an employer and

you would prefer they were not contacted until AFTER your interview, then please tick this box)

Minister/Vicar/Elder (delete as necessary)

Title

Name

Address

Post Code

Email

Tel

Minister/Vicar/Elder (delete as necessary)

Title

Name

Address

Post Code

Email

Tel

Mature personal friend

Title

Name

Address

Post Code

Email

Tel

16. HEALTH

Name and address of your doctor

Post Code

Could you carry out strenuous physical work on a daily basis? _ Yes _ No

If no, please give details as to why:

Are you under medical supervision? _ Yes _ No

If yes please explain why.

Please state any serious illnesses you have had.

Do you, or have you ever, suffer from any of the following (please give details)?

Asthma _ Yes _ No

Epilepsy/fits _ Yes _ No

Anaemia _ Yes _ No

Adverse reactions to stress _ Yes _ No

Hypertension _ Yes _ No

Any eating disorder _ Yes _ No

Any other condition _ Yes _ No

Details:

Name any prescribed medications that you are taking.

Do you have any special dietary needs for medical reasons? _ Yes _ No

If yes, please give details:

Do you smoke? _ Yes _ No

17. FINANCE

How do you propose to raise the money needed for your course and accommodation fees?

18. EMERGENCY CONTACT

Name

Address

Post Code

Tel

Relationship to applicant

DECLARATION

I have answered the above questions as fully and honestly as possible, and apply for Urban Shift. I understand and agree to the payment stipulations described in the letter accompanying this form. I realise that if accepted onto the course, my continuation as a course member is at the discretion of the Urban Shift leaders.

Signed Date

Thanks for filling in the application form. Please send it to:

Urban Shift

C/o Life Centre

219 Langworthy Road

Salford

Or email it to urbanshift@hotmail.co.uk