

MIDLANDS MINISTRY TRAINING COURSE

APPLICATION FORM 2017-2018

PERSONAL DETAILS	
Name:	
Age: (Please tick)	<input type="checkbox"/> 20-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 35-40 <input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60+ (we need this information to help plan the composition of our small groups)
Gender: (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female (we need this information to help plan the composition of our small groups)
Address:	
Telephone:	
Email:	
CHRISTIAN EXPERIENCE	
Please state how and why you became a Christian?	
Which Church do you belong to and how long have you been a member?	
(If less than 12 months please give details of the church you attended previously as well)	
MINISTRY EXPERIENCE	
What ministries are you currently involved in at your church?	
What other ministries are you involved in outside of your church?	
What experience had you had of teaching the Bible?	
(Prior experience of Bible teaching is not required in order to undertake the course. However this information will help us to determine which of the small groups you should join)	

What ministry training (if any) have you already undertaken?

APPLYING TO MMTC

We ask participants to share our conviction that the Bible is the true and living Word of God, and have a commitment to Bible-centred ministry. What do you understand this phrase to mean?

What do you hope to gain by undertaking the Midlands Ministry Training Course?

WHICH LOCATION?

The course runs on Thursdays and we encourage you to attend the venue which is most convenient to you. Please indicate which location you wish to attend:

- Birmingham (St Stephen's, Selly Park, Birmingham)
Nottingham (Stapleford Baptist Church, Stapleford, Nottingham)

CHURCH LEADER'S AFFIRMATION

As the applicants Church Leader, I am pleased to support their application to join the 2016/17 Midlands Ministry Training Course and act as their supervising minister.

I understand that I may be asked to supply a reference and I am happy to receive feedback from MMTC regarding this student.

Signature	
Name:	
Position:	
Church:	
Telephone:	
Email:	

When completed, please return this form to:

Laurie Fearon, MMTC administrator,
c/o City Church, 1 Greenfield Crescent, Edgbaston, Birmingham, B15 3BE

telephone: 0121 454 9444
email: admin@midlandsgospel.org.uk

Midlands Ministry Training Course
a ministry of the *Midlands Gospel Partnership*

The Midlands Gospel Partnership Trust
Registered Charity Number 1138999

