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**CONFIDENTIAL**

## APPLICATION FORM

# TSCF MINISTRY INTERNSHIP YEAR PROGRAMME

PLEASE COMPLETE IN BLACK INK. IF NECESSARY USE EXTRA SHEETS OF PAPER

**Full Name:** Mr/Miss/Mrs/Ms.....

**Preferred location:**

1<sup>st</sup> Choice ..... 2<sup>nd</sup> Choice ..... No Preference

Residential Address whilst studying  
PLEASE ALSO GIVE POSTAL ADDRESS IF DIFFERENT

Home/Permanent Address if different  
PLEASE ALSO GIVE POSTAL ADDRESS IF DIFFERENT

Daytime Phone Number: ..... home/work/other

Evening Phone Number: ..... home/work/other

Cell Phone: .....

Email address: .....

Age: .....

Date of Birth: DD/MM/YYYY

Nationality: .....

Registered Disabled: YES/NO

AS RECORDED IN YOUR PASSPORT

**Are you: single / engaged / married / divorced / remarried**  
*If married please give name(s) of your spouse (and children). If engaged please give name of your fiancée/fiancé and the date of your wedding (if known)*

**Education:** Please give details of your current place and course of study including planned date of graduation

**Work Experience:** please give details of any relevant work experience

## CHRISTIAN EXPERIENCE

Briefly outline when and how you became a Christian:

What has helped you grow and develop in your Christian life? e.g. which people, books, conferences, activities have influenced you?

Which church do you normally attend...

When at university? .....

When at home? .....

What involvement (if any) have you had with TSCF groups or activities whilst studying?

Please outline any experience of Christian ministry (if any) you have within a cross-cultural setting

# **CHRISTIAN UNDERSTANDING**

**Are you able to subscribe enthusiastically to each clause of TSCF basis of faith? YES/NO**

Are there things that you would want to emphasise alongside the TSCF basis of faith?

Outline your understanding of the authority of the Bible

Outline your understanding of why Jesus had to die on the cross.

Outline your understanding of the Holy Spirit's role in the life of the believer

# INTEREST IN TSCF MINTY PROGRAMME

Please outline your reasons for applying to join MINTY

What do you hope to gain from doing MINTY?

What do you think would be the difficult challenges for you in MINTY?

The Ministry Internship Training has several elements including study, direct ministry with students and essential administration. Which of these reflect your strengths?

## REFERENCES

Please give the details of three people who are willing to act as referees for you. Please only choose people who know you well & have known you for at least two years. One should be a church minister/worker, one should be a student leader from your group and one a mature Christian friend. Please do not list current TSCF staff or MInterns as referees.

### Referee 1

Name:  
Postal Address:

Telephone:

Email:

### Referee 2

Name:  
Postal Address:

Telephone:

Email:

### Referee 3

Name:  
Postal Address:

Telephone:

Email:

I hereby declare that all of the information supplied in this application is true to the best of my knowledge. I give permission for this form and references to be copied to those involved in the selection and interview process.

Signed .....

Date: .....

PLEASE RETURN THIS FORM IN AN ENVELOPE CLEARLY MARKED **CONFIDENTIAL** TO:

**MINTY APPLICATION  
TSCF  
PO BOX 9672  
MARION SQUARE  
WELLINGTON 6030  
NEW ZEALAND**



**CLOSING DATE FOR APPLICATIONS: 31.10**