



APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS



Place one photo here (Please enclose a second photo)

Date of Application: D M Y

Please indicate which school you are applying for:

- June/July 2012 (18-30 yrs) Sept/Oct 2012 (open to everyone)

Section A

PERSONAL INFORMATION

Name: (Mr., Mrs., Miss.) _____

Name as you'd like it to appear on a name badge:

Telephone numbers:

Home _____ Work _____

E-mail: _____

Current Address: _____

Permanent Address (if different from above): _____

(Please print as it would appear on a mailing label for your country)

In Case of Emergency Contact

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

How did you hear about this school?

Friend Conference Advertisement

Webpage Other _____

Family Details

Birth Date: D____ M____ Y____ **Age:** _____

Personal Male Female

Status: Single Married

Passport Information (if from outside of UK)

Name on Passport _____

Citizenship _____

City or Country where Passport was issued _____

Passport Number _____ Date of Issue D____ M____ Y____

Expiry Date _____

Nationality _____ Birth Place _____

HEALTH FORM

TO THE APPLICANT:

Travel and Medical Insurance is essential if you come from a country other than England (even if you come from the EU you will need insurance). If you are accepted on the school this must be arranged before arriving in England as you will need to provide a copy of your insurance certificate.

This information will be treated confidentially. Please answer all these questions in ink or by typing in ENGLISH.

PERSONAL HISTORY

Please answer all the following questions.

Do you or have you ever suffered from any of the following? If yes, please give the details on a separate sheet. Please tick as yes in the following slots.

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Allergies, including food allergies | | |
| <input type="checkbox"/> Other _____ | | |

Are you at present under the care of a doctor for any condition? Yes No

If yes, please specify:

Are you taking any medication at this time? Yes No

If yes, please specify: (And make sure that you bring enough for the month)

Are you allergic to any medications?

If yes, please specify: Yes No

Do you have a history of emotional instability or psychiatric treatment?

If yes, please specify: Yes No

Do you have any physical impairments, handicaps or health conditions which require special attention including medically confirmed food allergies?

If yes, please specify: Yes No

APPLICATION PROCESS

Our desire is for you to receive the best that God has for you; to facilitate that, these questions have been designed to help us help you. Your answers will enable us to understand your needs and to know how best we can minister to you. They will enable us to make sure that this is the best place for you to invest your time and money in this season of your life. Once you have sent in your application form we will process it and let you know if you have been accepted or not.

At this school, we want to create a safe environment for you to share your heart – both in your application and in person. Please be assured of the extreme confidentiality with which we treat your application. The only people who are permitted to read your application are the directors of the school; and then, when you are accepted, your small group leader.

Section A

RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: _____

Release of Liability

I do hereby release Eagles Wings School of the Heart, it's staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Eagles Wings School of the Heart.

Applicant Signature: _____ Date _____

Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anaesthesia and surgery, or any other treatment that an attending physician may deem necessary. I agree to meet any and all medical expenses that are incurred during the course of involvement with Eagles Wings School of the Heart.

Applicant (Parents or Guardian Signature if under 18 when applying):
_____ Date _____

Financial Responsibility

I understand that the payment of the required school tuition fees must be made in British pounds prior to or upon my arrival. Payment must be made in full. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Eagles Wings School of the Heart. I understand that graduation from the School of the Heart is not granted until all the outstanding payments have been received.

Applicant Signature: _____ Date: _____

Agreement to abide by School Guidelines and Structure.

If I am accepted I _____ will abide by the rules, commitments and schedules of the school including:

1. Arriving at all school functions and commitments on time.
2. All training sessions, classes and workshops that are a designated part of my course of study.

Applicant's signature: _____ Date: _____

I certify that all the information in this application is complete and accurate.

Applicant Signature: _____ Date: _____

Fees for the month long school is £1,000. A non-refundable application fee of £20 should accompany this form. Payment can be made by credit card, cheque, cash or bank transfer.

Application fee enclosed?

£20 British Pounds

Section B

LIFE HISTORY

Please answer the following questions in a **CLEAR PRINTING STYLE** or, preferably, using a computer. Answer as completely as possible.

- Spiritual Growth**
 - a. Outline your conversion and the events and steps leading up to that time.
 - b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
 - c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family. Are you meeting your expectations for personal spiritual growth?

- Relationships and Experience**
 - d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
 - e. Please take one full page to describe your relationship with your mother and your father.
 - f. Briefly describe your relationship with the rest of your family e.g. spouse, children, siblings
 - g. How does your family feel about your intention to attend the School of the Heart?

- Goals and Expectations**
 - h. Comment briefly on the circumstances that led up to your decision to apply for this school.
 - i. What are your reasons for wanting to attend this school?

Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school.

Please answer in detail. One sentence is not sufficient.

1. Have you used any of the following substances? If so have you ever struggled with addictions and how have you found freedom? Please explain how recently, in what quantities and what ministry you have had in overcoming:
 - a. alcoholic beverages
 - b. tobacco
 - c. "soft drugs" (e.g marijuana)
 - d. "hard drugs" (cocaine, heroin, chemicals).

2. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates and any lingering difficulties.

3. Have you ever been involved in any of the following areas If so, please briefly explain the circumstances:
 - a. the occult
 - b. a cult or sect, (new age, eastern mysticism, naturalistic philosophies, Mormonism, Jehovah's Witnesses, etc.)
 - c. heterosexual sin, including pornography and promiscuity
 - d. homosexual activity
 - e. compulsive behaviours, (shopping, eating, washing, etc.)

4. Do you have a history of abuse? Either verbal physical, emotional or sexual.

LIFE EXPERIENCE

Please give a brief history of your work experience if any and also any special interests that you have.

Section C

REFERENCE FORMS

We require:

- 1 friend/co-worker reference
- 1 Pastor reference

Your application will not be processed until we receive all your reference forms. Please ensure that all your referees complete and send the forms into our office as soon as possible. If your parents are your pastors we ask that you have a youth pastor or a cell group leader complete your pastoral reference. Please contact us if you need clarification.

References – Friend / Co-worker

Please list the person to whom you gave your reference form.

Name _____

Address _____

Phone _____

Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church _____

Pastor's Name _____

Address _____

Phone _____

Is your pastor in agreement with your plans? yes no

How long have you attended this church? _____

How would you describe your relationship with your pastor?

On completion this application can be sent to:

Eagles Wings School of the Heart
F.A.O. Annie Powell
Lox Lane Christian Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU

Or emailed to: annie@eagles-wings.co.uk

Should you have any queries please call: 01747 821507

FRIEND/CO-WORKER Reference Form (Confidential)

Name of Applicant _____

The above applicant has applied to attend one of the following modules at the Eagles Wings School of the Heart with New Covenant Church Shaftesbury.

Young Adults School of Heart

Adults School of Heart

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Your name _____

Address _____

Phone _____ **Occupation** _____

1) What is your relationship to the applicant, (leader, friend)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

5) Have you any reservations about the applicant attending the School of Heart?

6) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

7) Please rate the applicant's ability to get along with his or her peers:

Outstanding Excellent Good Fair Poor

8) Please rate the applicant's ability to relate to authority:

Outstanding Excellent Good Fair Poor

9) Please rate the applicant's ability to overcome adversity:

Outstanding Excellent Good Fair Poor

Signature _____ Date _____

Please direct all forms to:

Eagles Wings School of the Heart
FAO Annie Powell
Lox Lane Christian Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU

Tel. 01747 821507

Or e-mail: annie@eagles-wings.co.uk



LETTER TO PASTOR

Dear Pastor,

You have been given this form by somebody for whom you have pastoral oversight, who wishes to attend one of our Schools.

The School of the Heart is a training school designed for those who are already born again and who desire a deeper relationship with God and who long to live daily as His son or daughter; able to receive from Him and minister to others the love and freedom that He gives.

Our vision is to see people released to minister from a pure heart and equipped to fulfil the call that God has for them. During the school our desire is that students will attain a measure of personal healing and maturity resulting from greater intimacy with the Father.

We would be grateful if you could complete the attached reference form and send it to Annie at the address below so we can assess if this school is right for the applicant. If you are unfamiliar with the School of the Heart, you can look at our website www.eagles-wings.co.uk

All information on this form is confidential.

We are looking forward to hearing from you.

In the Father's Love,

David and Faith Dalley
Directors, EW SoH

Eagles Wings School of the Heart
FAO Annie Powell
Lox Lane Christian Encounter Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU



PASTOR'S REFERENCE FORM (Confidential)

Name of Applicant _____

School of the heart: 18 - 30's

School of the heart: everyone

We would appreciate if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name _____

Home Church _____

Address _____

Phone _____

1) How long have you known the applicant? _____ Month(s) Year(s)

2) What is your position in the church?

Pastor Elder Other _____

3) How well do you know the applicant?

very well Well Casually

4) Were you aware of the applicant's intention to participate in this school prior to receiving this form?

Yes No (*comments*) _____

5) Are you happy with his/her intentions?

6) In what activities has the applicant participated since attending your church?

7) Has he/she shown effectiveness in these activities?

8) This is an evaluation of the applicant's overall characteristics. Please tick one for each category.

Responsiveness to others

- slow to sense how other feels
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

Physical Condition

- Excellent health
- Average health
- Frequently ill

Intelligence

- Excellent intellectual capacity
- Average mental ability
- Learns and thinks slowly

Relationships

- Sought out by others
- Liked by others
- Tolerated by others

Christian experience

- Mild but genuine
- Relatively superficial
- Rich and growing
- Over emotional

Willingness to serve

- Eager to serve as needed
- Co-operative when asked
- Reluctant to serve

Teamwork

- Works well with others
- Reasonably cooperative
- Insists on having own way

Motivation

- Takes initiative
- Meets average expectation
- Starts but does not finish

Ability to follow

- Appropriately submissive
- Follows blindly
- Co-operative
- Resistant to direction

How does the applicant usually react to trying situations?

- withdraws
- gets discouraged
- gets angry
- meets constructively
- accepts patiently
- other (explain).....

Evaluation of applicant’s emotional maturity.

- Outstandingly mature. Has proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

Additional Comments: _____

9) Please comment on areas of weakness you might be aware of.

10) To your knowledge, has the applicant ever been arrested for any offence?

- Yes No If yes, please explain:

11) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes No If yes, please explain:

12) To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviours.

- Yes No (If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restorations.)

13) If possible, please comment on the applicant’s family background.

Overall, what do you consider to be the applicant’s strong points? (include special abilities)

14) Do you recommend this person for admission to this school? Yes No
If no, please explain:

To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature _____ Date _____

Thank you for your time and help with this application.

Please send this confidential reference to:

Eagles Wings School of the Heart
FAO Annie Powell
Lox Lane Christian Encounter Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU