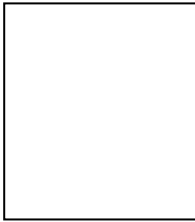




LEADER'S SCHOOL

APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS



Place one photo here (Please enclose a second photo)

Please indicate which school you are applying for:

March 2012

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:

I understand that the payment of the school tuition fees of £1000 must be made in British pounds prior to or upon my arrival. Payment must be made in full and can be paid by credit card, bank transfer, cheque or cash.

Signature _____ Date _____ (DD/MM/YY)

Special note regarding personal expenses: All personal expenses are your responsibility, i.e. additional personal transportation, supplies, phone calls, medical fees, spending money and laundry expenses.

RELEASE OF LIABILITY

I do hereby release Eagles Wings School of the Heart, its 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 Eagles Wings School of Heart.

Applicant Signature: _____ Date _____

HEALTH INFORMATION

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 HEALTH 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 _____ | | |

Any current illnesses or conditions? No Yes

If yes - please specify: _____

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

If yes - please specify: _____

Are you taking medication at this time No Yes

If yes - please specify: _____

Are you allergic to any medications? No Yes

If yes - please specify: _____

Do you have any physical impairments, handicaps or health conditions which require special attention? No Yes

If yes - please specify: _____

Do you have any **medically confirmed** food allergies that our kitchen staff should know? No Yes (We will do our best, but cannot guarantee to meet your requirements)

If yes - please specify: _____

How would you rate your health? Excellent Good Fair Poor

APPLICATION PROCESS

As this school is specifically designed for those in leadership (in one form or another) in church or work there is an 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.

REFERENCES

If you are not the Senior Pastor or Minister of your local church body you will need to get the attached Pastoral Reference completed by your pastor. We want to invite his/her counsel and input with regards to your application.

Please note: *Your application will not be processed until we have received this reference form (if needed). Please ensure that your referee completes and sends it into our office as soon as possible.*

LIFE HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER. PLEASE USE A CLEAR PRINTING STYLE OR TYPE USING A COMPUTER. ANSWER AS COMPLETELY AS POSSIBLE.

- a. Take a paragraph to describe the current state of your relationship with the Lord.
- b. Take a paragraph to describe your ministry.
- c. Take one paragraph each to describe your relationship with your mother and with your father.
- d. Describe your relationship with the rest of your family e.g. spouse, children, siblings.
- e. What are your reasons for wanting to attend this school?
- f. Are you currently facing any personal or ministry-related crises? (Please describe)
- g. What are the main challenges/crises that you have encountered in your life? (Please describe)
- h. Have you received ministry/healing related to the above questions? (Please describe)

Have you been involved in any of the following?

- a. The occult
- b. Cult or sect (e.g. Mormonism, new age, eastern mysticism, etc.)
- c. Heterosexual sin, including pornography and promiscuity
- d. Homosexual activity
- e. Compulsive behaviours
- f. Addictions

Please explain briefly the circumstances, time and degree of involvement. What have you done to deal with this part of your history?

Thank you for your time and cooperation.

David and Faith Dalley
Directors, EW SoH

Please send your completed application with non-refundable fee of £20 to:

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

Tel. 01747 821002
Email: annie@eagles-wings.co.uk



LETTER TO SENIOR PASTOR

Dear Pastor,

At Eagles Wings School of the Heart we run a one-month long Leader's School. You have been given this form by one of your leaders who wishes to attend.

The Leader's School has been designed to provide a safe place where church leaders and their spouses can lay down their duties and their burdens to be refreshed and rekindled with passion for the Lord. Our belief is that the leaders need to be filled and refreshed in order to be ready to pour out to the lost and to the church. The school is a time to go deeper with the Father and learn to minister like Jesus and get filled by the Holy Spirit.

With this in mind 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

Please send to:

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

Tel. 01747 821002
Email: annie@eagles-wings.co.uk



LEADER'S SCHOOL

SENIOR PASTOR'S Reference Form (Confidential)

(To be completed by applicant)

Name of the Applicant _____

Senior Pastor's Name _____

Home Church _____

Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____

(To be completed by Pastor)

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

2) How well do you know the applicant?

Very Well Well Casually

Comments: _____

3) What leadership role(s) does the applicant fulfil in the church?

4) How long has the applicant been serving in this/these roles?

5) What is the level of responsibility involved in this/these leadership role(s)?

6) Overall, what do you consider to be the applicant's strong points?

7) Are you aware of any significant issues or weak points? (please describe)

8) Do you have any reservations about the applicant attending this school at this time?

To the best of my knowledge the above information is correct.

Signature _____ Date _____(DD/MM/YY)

Thank you for your time and help with this application.

Please send to:

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

Tel. 01747 821002

Email: annie@eagles-wings.co.uk