

ACADEMY ONLINE APPLICATION FORM

Once you have completed this form, please send it to academy.director@thec3.uk with the subject “Academy Application” and we will be in touch shortly.

Full Name:

Address:

Click here to enter text

Phone Number:

Click here to enter text

Email Address:

Click here to enter text

Date of Birth:

**Academic Achievements:**

Please provide information about your academic qualifications (GCSEs, A-Levels, NVQ, degrees, vocational qualifications etc.) Please include subjects and grades.

Click here to enter text

**Current Occupation:**

If you are a student, please tell us about your course – where you are based and what year you are in. If you are working, please tell us where you are based and what you do

Click here to enter text

**Funding:**

How do you intend to fund your year with the Academy, please give as much information as possible, using a separate sheet if necessary.

Click here to enter text

**Current Church:**

Click here to enter text

Please state the name of your Church, its denomination, the name of your Church Leader and how long you have been a member

**Current Ministry Areas:**

Which areas of church do you currently serve in? Please include all areas, not just Sundays.

Click here to enter text

**About You:**

**PERSONAL TESTIMONY; please give a brief overview of your Christian journey and faith background (include baptism date if you have been baptized)**

Click here to enter text

What are you hoping to get out of doing the Academy?

With the right support and opportunities, what do you think you could bring to the local church?

Click here to enter text

What are the areas in your life that you recognize as needing further development?

Click here to enter text

Have you been in any areas of leadership before? Please give details

Click here to enter text

Click here to enter text

What do you think you may do after completing The C3 Academy? Do you feel that God is calling you into a certain area of ministry/work?

**We ask the following questions to support students the best way we can whilst at the Academy.**

Do you have any physical conditions or learning difficulties that may hinder your participation at the Academy? If yes, give details and let us know if you need extra educational support.

Click here to enter text

**References:**

Please provide Referee Name, Address, Email and Phone Number

Click here to enter text

Referee 1

Click here to enter text

Referee 2

Declaration

To the best of my knowledge, the information and details I have provided are correct:

Signature:

Date of completion: