



THE SCHOOL OF MINISTRY

2020-21

APPLICATION FORM

Please complete this form digitally or in black ink or biro, so that it can be photocopied easily. Please use block capitals for the “key details” section. If you run out of space on any section, feel free to continue on another sheet of paper.

Please affix a
passport-sized photo
of yourself here

KEY DETAILS

NAME: _____

DATE OF BIRTH: _____ POSITION IN FAMILY: _____

ADDRESS: _____

POSTCODE: _____

TEL. NO: _____ E-MAIL: _____

NATIONALITY: _____

LANGUAGES SPOKEN & LEVEL: _____

MUSICAL INSTRUMENTS PLAYED & LEVEL: _____

NAME OF SECONDARY SCHOOL: _____

NAME OF UNIVERSITY/COLLEGE (IF APPLICABLE): _____

IF YOU ARE AN INTERNATIONAL APPLICANT, DO YOU HAVE A UK VISA? _____

ARE YOU ABLE TO DRIVE? DO YOU HOLD A VALID UK DRIVING LICENSE? _____

Education, Work & Experience

PRESENT/MOST RECENT JOB/COURSE: _____

EMPLOYMENT HISTORY (PAID/WORK EXPERIENCE) - PLEASE INCLUDE DATES:

VOLUNTEERING EXPERIENCE - PLEASE INCLUDE DATES:

WHAT CHRISTIAN SERVICE OR LEADERSHIP HAVE YOU UNDERTAKEN?

WHAT ARE YOUR HOBBIES/INTERESTS OUTSIDE OF WORK?

Faith & You

HOW AND WHEN DID YOU BECOME A CHRISTIAN?

HOW HAS GOD BEEN WORKING IN YOUR LIFE IN THE LAST YEAR?

WHERE ARE THE AREAS IN WHICH YOU FEEL YOU HAVE PARTICULAR GIFTS?

WHAT ARE YOUR AREAS OF WEAKNESS?

WHAT ARE YOUR AREAS OF STRENGTH?

WHICH CHRISTIAN SAINT OR LEADER INSPIRES YOU AND WHY?

Placement Preferences

PLEASE INDICATE YOUR TOP THREE PLACEMENT CHOICES (NO. 1, 2, 3)

- | | | |
|---|--|---|
| <input type="checkbox"/> Undergraduate Students | <input type="checkbox"/> Postgraduate Students | <input type="checkbox"/> ACT (Social Justice) |
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth | <input type="checkbox"/> Media |
| <input type="checkbox"/> Worship | <input type="checkbox"/> Internationals | <input type="checkbox"/> Urban Priority Area Ministry |
| <input type="checkbox"/> Other (please specify—if you'd like to be involved in an area of St Aldates ministry that isn't listed, let us know) | | |

WHY DO YOU THINK YOU WOULD BE WELL-SUITED TO SERVE IN THE DEPARTMENTS YOU'VE CHOSEN?
FIRST CHOICE: _____

SECOND CHOICE: _____

THIRD CHOICE: _____

WHAT OTHER AREAS OF CHURCH MINISTRY ARE INTERESTED IN TRYING OR BEING INVOLVED IN?
(PLEASE TICK ALL THAT APPLY.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Youth ministry | <input type="checkbox"/> Working with Muslims |
| <input type="checkbox"/> Worship / music | <input type="checkbox"/> Sound desk / AV | <input type="checkbox"/> Video (presenting / editing) |
| <input type="checkbox"/> Undergraduate students | <input type="checkbox"/> Postgraduate students | <input type="checkbox"/> International students |
| <input type="checkbox"/> Social action projects | <input type="checkbox"/> Prison ministry | <input type="checkbox"/> Environmental justice |
| <input type="checkbox"/> Visiting elderly / hospitalised | <input type="checkbox"/> Prayer / intercession | <input type="checkbox"/> Media development |
| <input type="checkbox"/> Alpha Course | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Theological research | <input type="checkbox"/> Mission support | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Web content editing | <input type="checkbox"/> Working with the marginalised | <input type="checkbox"/> Other (please specify:) |

Health & Wellbeing

DO YOU SUFFER FROM AN EATING DISORDER AND/OR CLINICAL DEPRESSION? OR HAVE EITHER/BOTH BEEN A STRUGGLE IN THE PAST?

WHAT IS YOUR STATE OF HEALTH? PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS OR ACCIDENT OR ANY DISABILITY THAT MIGHT AFFECT YOUR WORK. ARE YOU CURRENTLY ON ANY MEDICATION?

Extra details

HOW DID YOU HEAR ABOUT THE ST ALDATES SCHOOL OF MINISTRY?

IS THERE ANY OTHER INFORMATION THAT YOU FEEL IT WOULD BE HELPFUL FOR US TO HAVE?

IF YOU ARE MAKING OTHER ENQUIRIES OR APPLICATIONS, PLEASE LIST THEM HERE:

References

PLEASE PROVIDE THE NAMES AND CONTACT DETAILS OF TWO REFEREES:

A. WORK-RELATED (EMPLOYER OR TUTOR)

B. SPIRITUAL (NOT ST ALDATES STAFF MEMBER)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

POSTCODE: _____

POSTCODE: _____

TEL. NO: _____

TEL. NO: _____

E-MAIL: _____

E-MAIL: _____

SIGNED: _____

DATE: _____

Please either email your completed form to:

tom.barber@staldates.org.uk

or post to:

School of Ministry
St Aldates Parish Centre
40 Pembroke Street
Oxford, OX1 1BP

