

HOPE CITY ACADEMY

APPLICATION FORM

Please complete the following information to apply for Hope City Academy Leadership Training Programme.

P A R T 1 : Personal Details

Please write clearly in BLACK INK and in BLOCK CAPITALS. Please circle where appropriate.

Title:	Mr / Mrs / Miss / Other:								
Male or Female:	M / F								
Surname:									
Forenames:									
Date of Birth:									
Telephone: Work									
Home									
Mobile									
Fax									
Email:									
Address:									
Are you currently:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Single</td> <td style="padding: 5px;">Dating</td> <td style="padding: 5px;">Engaged</td> <td style="padding: 5px;">Married</td> </tr> <tr> <td style="padding: 5px;">Divorced</td> <td style="padding: 5px;">Seperated</td> <td style="padding: 5px;">Widowed</td> <td></td> </tr> </table>	Single	Dating	Engaged	Married	Divorced	Seperated	Widowed	
Single	Dating	Engaged	Married						
Divorced	Seperated	Widowed							
If Married, is your spouse in full agreement to you attending the course?	<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Yes</td> <td style="padding: 5px;">No</td> </tr> </table>	Yes	No						
Yes	No								
Name of Spouse:									
No. of Year's Married:									
No. of Children:									

(Personal Details contd.)

Present Occupation / Studies:	
Details of any criminal record you may have:	

P A R T 2 : Christian Background

Church:	
Church Address:	
Senior Minister's Name:	
Minister's Contact Number:	
How long have you attended this church?:	
Will this Church be providing your Pastoral Reference?:	Yes No
If No, please details of who will be providing your reference:	

P A R T 3 : Additional Information

Please continue on a separate sheet of paper if required.

Describe briefly how you became a Christian:

Describe why you would like to attend Hope City Academy:

(Additional Information contd.)

Explain how you would finance your year:

Please provide details of previous education, qualifications and work experience:

(Additional Information contd.)

Please give any other information about yourself, your skills and your work experience that may be relevant to your application:

P A R T 4 : Pastoral Reference

To be completed by the applicants church referee:

The applicant named overleaf is applying for a place at Hope City Academy. Please complete the following carefully and thoughtfully as your comments will form an important part of their application:

Title:	Mr / Mrs / Miss / Other:
Surname:	
Forenames:	
Telephone: Work	
Home	
Mobile	
Fax	
Email:	
Address:	
Church:	
Position in Church:	
Church Address (if different from address given by Applicant):	

Do you fully support the applicant's application?: **Yes** **No**

Please describe the applicant in terms of their strengths:

(Pastoral Reference contd.)

Please describe their involvement in church life:

Please provide your thoughts on why you believe that spending a year Hope City Academy will benefit them. Please give your comments on any items you feel are relevant to their application:

Signature:

Date:

Return your completed application form to:

Hope City Academy, The Megacentre, Bernard Road, Sheffield, S2 5BQ
Tel: +44 (0)114 213 2070 Email:info@hopecityacademy.co.uk

www.hopecityacademy.co.uk