



APPLICATION FORM

Date of Application: D ___ M ___ Y ___

Welcome to the student application for the **iDestiny School of Ministry**.

PLEASE PRINT ALL YOUR ANSWERS

Please enclose a photo of yourself

Section A Personal Information

Section B Life History

Section C References

Section A

PERSONAL INFORMATION

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

Telephone numbers:

Home# _____ Work# _____

Fax# _____ E-Mail _____

Address: _____

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

EMERGENCY CONTACT

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Birth date: D ___ M ___ Y ___ Age: ___

Sex: Male Female

Status: Single Engaged Married
Remarried Divorced
Separated Widowed

(on a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed or are engaged)

If applicable:

Spouse's name: _____

Birth date: D ___ M ___ Y ___ Age: _____

Nationality: _____ Birth place: _____

Date of Marriage: _____ (prospective date if engaged)

Names and ages of your children:

YOUR PASSPORT INFORMATION

Name on passport _____

Citizenship _____

City or Country where Passport was issued

Passport number _____ Date of issue D ___ M ___ Y ___

Expiry Date _____

Nationality _____ Birth place _____

Do you have a criminal record? Yes No

(This question is for immigration purposes only)

NATIONAL AND HEALTH INSURANCE NUMBERS

National insurance # _____

Health Insurance # _____

Health Insurance Company _____

Please enclose (or transfer straight into our bank account) a non-refundable application fee of £20, otherwise we will not be able to process your application.

On acceptance please deposit £100 into our account as a down payment.

iDestiny School Account:

Barclays Bank

Sort: 20-01-96

Account: 90680273

SWIFTBIC: BARCGB22

IBAN GB75 BARC 2001 9690 6802 73

The complete tuition fee for the school is £3500 and is due in full one week prior to the start of the school (this includes the £120 transferred already).

Would you be interested in joining an intern program after school? Yes No

HEALTH FORM

TO THE APPLICANT: This information will be treated confidentially and separately from your academic records. Please answer all these questions in ink or by typing in ENGLISH.

Name _____

Social insurance / Security number _____

Citizen of _____

Medical insurance number _____

Please briefly explain your medical insurance coverage (if possible supply a copy if it with your application)

Medical coverage is essential if you come from a country other than the UK. If you are accepted on the school and do not currently have medical insurance this **MUST** be arranged **BEFORE** arriving in the UK. *Please make sure that it covers you for the whole time, as well as all of Europe.*

PERSONAL HISTORY

Please answer all the following questions.

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required (including food allergies):

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:

Are you allergic to any medications? Yes No

If Yes, please specify:

Do you have a history of emotional instability or psychiatric treatment? Yes No

If Yes, please specify:

How would you rate your health?

Excellent Good Fair Poor

FINANCIAL RESPONSIBILITY

I / We understand that the payment of the required school tuition fees must be made in GBP funds 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 school, all personal expenses incurred during my involvement with the Partners in Harvest / Catch the Fire iDestiny School of Ministry. I/we understand that graduation from the School of Ministry may not be granted until all outstanding payments have been received.

Applicant, Parent or Guardian Signature: _____ Date: _____

Signature of parent or guardian, if applicant is under 18 years of age.

Agreement to abide by School Guidelines & Structure.

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

1. All book reports and assignments.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. Personal development of my relationship with God
7. All ministry & outreach opportunities I am required to participate in.

Applicants Signature: _____ Date: _____

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

Applicant, Parent or Guardian Signature: _____ Date: _____

(Signature of parent or guardian, if applicant is under 18 years of age.)

Section B

LIFE HISTORY

Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.

We realize that the following questions are very personal. *Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school.* If you have difficulty communicating your answer in writing, Timo and Ruth Hack (iDestiny Pastors) can talk with you personally.

SPIRITUAL GROWTH

1. When did you accept Christ as your personal Saviour?
2. Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4?
3. If yes, how do you know you were baptized in the Spirit?
4. Outline your conversion and the events and steps leading up to that time.
5. Describe your spiritual growth since that time. Include the character issues that God has dealt with in your life and what lessons they taught you.
6. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family.

RELATIONSHIPS AND EXPERIENCE

7. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
8. Please take one full page each to describe your relationship with your mother and your father.
9. Briefly describe your relationship with the rest of your family.
10. How does your family feel about your intentions to attend iDestiny?
11. What languages do you speak and how proficiently?

GOALS AND EXPECTATIONS

12. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
13. Briefly, what are your plans following the school?

GOD'S WORK

14. How do you know that the Holy Spirit is working in your life?
15. Have you ever experienced a miracle in your life? Please describe it.
16. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?
17. How has the renewal impacted your life?

PERSONAL HISTORY

18. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

- a. alcoholic beverages (getting drunk),
- b. tobacco,
- c. "soft drugs" (e.g. marijuana)
- d. "hard drugs" (cocaine, heroin, chemicals).

19. Have you ever had psychiatric treatment?

If so, please describe the treatment received, dates, any lingering difficulties.

20. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

- 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 behaviors, (shopping, eating, washing, scratching, etc.);

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

WORK HISTORY & EXPERIENCE

- a. Please include a resume or history of your work experience.
- b. Please include your involvement in special interest courses, musical abilities, artistic talents and hobbies.
- c. Please include an official Police Check (normally available at a nominal fee from your local police station).

NB. A police record will NOT automatically disqualify you from attending the School of Ministry. The ministries visited during outreach sometimes require police checks.

PRACTICUM / PLACEMENT PREFERENCE

Practicums are a part of iDestiny. They are a practical study in the way a church or ministry operates and give each student a chance to be active in an area of their choice.

Please choose 3 areas of interest indicating priority (1, 2, & 3 or A, B, & C) and we will try to place you closest to your preference.

Children

Youth

Men's Ministry

Women's Ministry

Marriage

Single Parents

Ministry Team

Prophetic Team

Evangelism & Outreach

Worship

Admin

Other

REFERENCE FORMS

We require 2x Friend / Co-Worker references & 1 x Pastor reference

REFERENCES - FRIEND / CO-WORKER

Please list the people to whom you gave your reference forms.

Name _____

Address _____

Phone _____

.....

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

Denomination

Pastor's Name

Address

Phone _____ Fax _____

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?

PERSONAL RECOMMENDATION

iDestiny School of Ministry – Catch the Fire / Partners in Harvest
King's Way Church

NOTE: This section to be completed by Applicant

TO THE APPLICANT: Each applicant applying is required to submit two personal recommendations for review by the admissions Committee. Fill in the date, your name and address in the section below.

Date: _____

Phone - Day: _____ Phone - Evening: _____

Applicant's Name: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Country of Citizenship: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION:

The above named is applying for admission to iDestiny, Catch the Fire / Partners in Harvest School of Ministry at King's Way Church. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the address at bottom.

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure

4. To your knowledge, does the applicant::

Use Tobacco? Yes No Drink? Yes No Use Illegal Drugs? Yes No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

6. What do you consider to be the applicant's strengths? _____

7. Any weaknesses? _____

8. Which characteristics best describe the applicant? Please check all that apply.

- Warm hearted Critical Tolerant Passive Sympathetic Rebellious
 Respectful Enthusiastic Loving Teachable On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

10. What ministry or spiritual gifts have you observed in operation in the applicant?

11. Have you any reservations about the applicant doing the school of ministry?

12. 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.

13. Please add any further comments you may have which would help in our evaluation.

Please print or type the information below.

Your Name: _____

Phone: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Signature: _____ Date: _____

Please return this to:

T&R Hack – 35 Rostherne Road– Sale – M33 2RZ – United Kingdom

Phone: +44 (0)161 286 0505

PERSONAL RECOMMENDATION

iDestiny School of Ministry – Catch the Fire / Partners in Harvest
King's Way Church

NOTE: This section to be completed by Applicant

TO THE APPLICANT: Each applicant applying is required to submit two personal recommendations for review by the admissions Committee. Fill in the date, your name and address in the section below.

Date: _____

Phone - Day: _____ Phone - Evening: _____

Applicant's Name: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Country of Citizenship: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION:

The above named is applying for admission to iDestiny, Catch the Fire / Partners in Harvest School of Ministry at King's Way Church. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the address at bottom.

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure

4. To your knowledge, does the applicant::

Use Tobacco? Yes No Drink? Yes No Use Illegal Drugs? Yes No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

6. What do you consider to be the applicant's strengths? _____

7. Any weaknesses? _____

8. Which characteristics best describe the applicant? Please check all that apply.

- Warm hearted
 Critical
 Tolerant
 Passive
 Sympathetic
 Rebellious
 Respectful
 Enthusiastic
 Loving
 Teachable
 On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

10. What ministry or spiritual gifts have you observed in operation in the applicant?

11. Have you any reservations about the applicant doing the school of ministry?

12. 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.

13. Please add any further comments you may have which would help in our evaluation.

Please print or type the information below.

Your Name: _____

Phone: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Signature: _____ Date: _____

Please return this to:

T&R Hack – 35 Rostherne Road– Sale – M33 2RZ – United Kingdom

Phone: +44 (0)161 286 0505

LETTER TO PASTOR

Dear Pastor,

Greetings from King's Way Church. You have been given this form, by somebody whom you have pastoral oversight for, who wishes to participate in iDestiny, the European Catch the Fire / Partners in Harvest School of Ministry at our church.

iDestiny is a leadership training program designed for people who are already attaining, or heading toward a level of maturity and Godly character and have a specific call to leadership training. It is our vision to see people released to minister with a pure heart, knowing how to sense and flow with the Holy Spirit, and having the tools to practically minister.

We would be grateful if you could complete the attached reference form so we can assess if iDestiny is right for the applicant. If you are unfamiliar with King's Way Church or Partners in Harvest, you can look at our websites at www.kwcm.org and www.partnersinharvest.org.

All information on this form is confidential. If you have any questions regarding the school please contact our iDestiny pastors, Timo & Ruth Hack at school@kwcm.org.

We are looking forward to hearing from you.

In the Fathers Love,

Rick & Julie Oldland
PiH UK Coordinators

Andy & Sharon Britton
King's Way Church Pastors

Timo & Ruth Hack
iDestiny Pastors

PASTOR'S RECOMMENDATION

iDestiny School of Ministry – Catch the Fire / Partners in Harvest
King's Way Church

NOTE: This section to be completed by Applicant

TO THE APPLICANT: This recommendation should be completed by your pastor and mailed directly by him to the church office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

Phone - Day: _____ Phone - Evening: _____

Applicant's Name: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Country of Citizenship: _____

TO THE PASTOR: The above named is applying for admission to iDestiny, Catch the Fire / Partners in Harvest School of Ministry at King's Way Church. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please tick one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure

4. To what extent is the applicant engaged in the activities of your church? Please tick one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. Has he/she shown effectiveness in these activities? _____

7. What do you consider to be the applicant's strengths? _____

8. Any weaknesses? _____

9. To your knowledge, does the applicant::

Use Tobacco? Yes No

Drink? Yes No

Use Illegal Drugs? Yes No

10. Please describe home factors which might affect the applicant's success on the School of Ministry of King's Way Church Manchester: _____

11. The applicant's influence on his or her peers is: Positive Neutral Negative

12. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Response to authority	1	2	3	4	5	6
RELIABILITY: dependability, responsibility	1	2	3	4	5	6
MATURITY: personal development ability to cope with life situations	1	2	3	4	5	6
EMOTIONAL STABILITY: reaction to stress, poise, mood, stability	1	2	3	4	5	6
MOTIVATION: genuineness and depth of commitment	1	2	3	4	5	6
JUDGMENT: ability to analyze a problem	1	2	3	4	5	6
ORAL EXPRESSION: clarity, coherence	1	2	3	4	5	6
INTERPERSONAL RELATIONS: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
EMPATHY: sensitivity to the needs of others	1	2	3	4	5	6

WORK HABITS: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
LEADERSHIP: creative thought, curiosity, self-confidence	1	2	3	4	5	6
PERSONAL APPEARANCE: cleanliness, grooming	1	2	3	4	5	6
INTEGRITY: honesty, moral character	1	2	3	4	5	6

13. Please add any further comments you may have which would help in our evaluation.

Please print or type the information below.

Your Name: _____

Phone: _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ Post Code: _____ Country: _____

Signature: _____ Date: _____

Please return this to:

T&R Hack – 35 Rostherne Road– Sale – M33 2RZ – United Kingdom

Phone: +44 (0)161 286 0505