

Encountering The Father's Love Residential School

APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS



Place one photo here (Please enclose a second photo)

Date of application: dd/mm/yyyy _____

Start date of school you are applying for: dd/mm/yyyy _____

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

Name:

Address:

Phone: _____ Relationship to you: _____

How did you hear about this school?

- Friend Conference Advertisement
 Website Other _____

Family Details

Birth Date: D____ M____ Y____ **Age:** _____

Personal Status:

- Male Female
 Single Married

Passport Information (if from outside of UK)

Name on Passport _____

Citizenship _____

City or Country where Passport was issued

Passport Number _____ Date of Issue D____ M____ Y____

Expiry Date D____ M____ Y____

Nationality _____

Birth Place _____

HEALTH FORM

TO THE APPLICANT:

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 HISTORY

Please answer 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 _____ | | |

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: (Make sure that you bring enough for three weeks)

Are you allergic to any medications?

If yes, please specify: Yes No

Do you have a history of emotional instability or psychiatric treatment?

If yes, please specify: Yes No

Do you have any physical impairments, handicaps or health conditions which require special attention including medically confirmed food allergies?

If yes, please specify: Yes No

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.

Section A

RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: _____

Release of Liability

I do hereby release 'Encountering The Father's Love', it's 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 the 'Encountering The Father's Love' school.

Applicant Signature: _____ Date _____

Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anaesthesia and surgery, or any other treatment that an attending physician may deem necessary. I agree to meet any and all medical expenses that are incurred during the course of involvement with the 'Encountering The Father's Love' school.

Applicant (Parents or Guardian Signature if under 18 when applying):
_____ Date _____

Financial Responsibility

I understand that the payment of the required school tuition fees must be made in British pounds 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 the school, all personal expenses incurred during my involvement with 'Encountering The Father's Love'. I understand that graduation from the school is not granted until all the outstanding payments have been received.

Applicant Signature: _____ Date: _____

Agreement to abide by School Guidelines and Structure.

If I am accepted, I _____ will abide by the commitments and schedules of the school.

Applicant's signature: _____ Date: _____

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

Applicant Signature: _____ Date: _____

Fees for the three week long school are £950. A deposit of £100 should accompany this form. Payment can be made by credit card, cheque, cash or bank transfer.

Application fee enclosed? £100 British Pounds

Section B

LIFE HISTORY

Please answer the following questions in a **CLEAR PRINTING STYLE** or, preferably, using a computer. Answer as completely as possible.

- Spiritual Growth**
 - a. Outline your conversion and the events and steps leading up to that time and your subsequent progress.

- Relationships and Experience**
 - b. Please describe your relationship with your local church.
 - c. Please describe your relationship with your mother and your father.
 - d. Briefly describe your relationship with the rest of your family e.g. spouse, children, siblings
 - e. How does your spouse/family feel about your intention to attend the 'Encountering The Father's Love' school?

- Goals and Expectations**
 - f. Why did you decide to apply for this school?

Please be assured that all answers are held in strict confidence.

1. Have you ever struggled with addictions and how have you found freedom? Please explain how recently, in what quantities and what ministry you have had in overcoming:
 - a. alcohol
 - b. tobacco
 - c. "soft drugs" (e.g. marijuana)
 - d. "hard drugs" (cocaine, heroin, chemicals).

2. Have you ever had psychiatric treatment?

3. Have you ever been involved in any of the following areas?
 - 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 behaviours, (shopping, eating, washing, etc.)

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

5. When did you become a believer?

6. Have you been baptized in water?

7. Have you been baptized in the Holy Spirit and do you speak in tongues?

Section C

REFERENCE FORM

We require:

- Pastor or Leader reference

Your application will not be processed until we receive your reference form. Please ensure that your referee completes and sends the form into our office as soon as possible. If your parents are your pastors, we ask that you have a youth pastor or a cell group leader complete your pastoral reference. Please contact us if you need clarification.

Pastor or Leader Reference

Enclosed is a reference form and letter for you to give to your pastor or leader. We want to invite his/her counsel and input with regards to your application.

Home Church _____

Pastor's/Leader's Name _____

Address _____

Phone _____

Is your pastor/leader in agreement with your plans? yes no

How long have you attended this church? _____

How would you describe your relationship with your pastor/leader? _____

On completion this application can be sent to:

Encountering The Father's Love
F.A.O. Linda East
Lox Lane Christian Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU

Or emailed to: linda@eagles-wings.co.uk

Should you have any queries, please email linda@eagles-wings.co.uk

Encountering The Father's Love

LETTER TO PASTOR/LEADER

Dear Pastor/Leader,

You have been given this form by somebody for whom you have a pastoral relationship, who wishes to attend one of our schools.

This 'Encountering The Father's Love' school is a training school designed for those who are already born again and who desire a deeper relationship with God and who long to live daily as His son or daughter; able to receive from Him and minister to others the love and freedom that He gives.

Our vision is to see people released to minister from a pure heart and equipped to fulfil the call that God has for them. During the school our desire is that students will attain a measure of personal healing and maturity resulting from greater intimacy with the Father.

We would be grateful if you could complete the attached reference form and send it to Linda at the address below so we can assess if this school is right for the applicant. If you are unfamiliar with 'Encountering The Father's Love', you can look at our website **encounteringthefatherslove.org**

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, Encountering The Father's Love

Encountering The Father's Love
F.A.O. Linda East
Lox Lane Christian Centre
Lox Lane
Shaftesbury
Dorset
SP7 9PU

Encountering The Father's Love

PASTOR/LEADER REFERENCE FORM (Confidential)

Name of Applicant _____

We would appreciate if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's/Leader's Name _____

Home Church _____

Address _____

Phone _____

Email _____

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

2) What is your position in the church?
 Pastor Elder Other _____

3) How well do you know the applicant?
 Very well Well Casually

4) Were you aware of the applicant's intention to participate in this school prior to receiving this form?
 Yes No (*comments*) _____

5) Are you happy with his/her intentions?

6) What do you perceive to be the applicant's best qualities?

7) Please comment on areas of weakness you might be aware of.

8) This is an evaluation of the applicant's overall characteristics. Please tick one for each category.

Responsiveness to others

- slow to sense how other feels
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

Physical Condition

- Excellent health
- Average health
- Frequently ill

Intelligence

- Excellent intellectual capacity
- Average mental ability
- Learns and thinks slowly

Relationships

- Sought out by others
- Liked by others
- Tolerated by others

Christian experience

- Mild but genuine
- Relatively superficial
- Rich and growing
- Over emotional

Willingness to serve

- Eager to serve as needed
- Co-operative when asked
- Reluctant to serve

Teamwork

- Works well with others
- Reasonably cooperative
- Insists on having own way

Motivation

- Takes initiative
- Meets average expectation
- Starts but does not finish

9) How does the applicant usually react to trying situations?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> withdraws | <input type="checkbox"/> gets discouraged | <input type="checkbox"/> gets angry |
| <input type="checkbox"/> meets constructively
(explain)..... | <input type="checkbox"/> accepts patiently | <input type="checkbox"/> other |

10) Evaluation of applicant's emotional maturity.

- Outstandingly mature. Has proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

Additional Comments: _____

11) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

Yes No

If yes, please explain: _____

12) Do you recommend this person for admission to this school?

Yes No

If no, please explain: _____

To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature _____ Date _____

Thank you for your time and help with this application.

Please send this confidential reference to:

Encountering The Father's Love
F.A.O. Linda East
Lox Lane Christian Centre
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Shaftesbury
Dorset
SP7 9PU