General Information

Full Name:_____

Email Address:_____

Phone Number:_____

Address: line 1_____

Address: line 2:_____

Post Code:_____

Country:_____

UK Citizen? Yes/No

Are you applying for online or in person in Bradford CSSM? (please circle which)

Would you be interested in overseas mission trip? Yes/No

If yes – passport no. _____ / expiry date _____ I don't have passport yet_____

PERSONAL

Gender: Male/Female

Marital Status: single / separated / widowed / divorced / married

Date of birth: _____

Age:_____

SPIRITUAL INFORMATION

When did you receive Jesus Christ as your Lord and Saviour? (date)

Do you experience the power of the Holy Spirit according to Acts 1:8 and Acts 2:4? Yes/no/unsure

Water Baptised: Yes/No

Do you regularly attend a church? Yes/No

If yes: which church/denomination :
How long have you attended for :
Senior Leaders' name :
Church contact number :

Have you recently left another church? Yes/No

If yes, was it a good parting or are there unresolved issues? _____

In what areas of church life are you serving or have served in the past? _____

Which spiritual gifts do you currently operate in (1 Cor. 12:7-11)? _____

Are you willing to submit to being monitored and lovingly correct as necessary? Yes/No

Are you willing to minister in a way consistent with KSSM guidelines? Yes/No

Brief description of how you came to know Jesus?

How would you describe your current walk with God?

Do you feel called to a particular aspect of ministry (eg pastor, missionary, worship leader, childrens' worker)

HEALTH

Do you have a physical disability? Yes/No

Have you ever been treated or recommended to receive treatment for a mental or emotional issue? Yes/No

Please describe and medication currently taken and the purpose of said medication:

How would you describe your temperament?_____

EDUCATION/Skills/ training

Please tick all that apply:

- University Graduate
- A-level (or equivalent)
- GCSE (or equivalent)
- Did not complete High School
- Other Training (please state)

What was your area of study/ or employment? _____

List any musical abilities that you have:

EXPERIENCES

**Answering "YES" to any of these questions will NOT disqualify the applicant from acceptance.*
(tick all that apply) – if a box is ticked, please briefly explain:

- In the last 3 years, used cigarettes/tobacco, abused drugs, taken illegal drugs, or abused alcohol
- In the last 3 years, have you been involved in sexual immorality (pre-marital sex, adultery, homosexuality, pornography, etc
- In the past struggled with an eating disorder, self-harm, or depression
- Have you ever been arrested or convicted
- Have you ever been involved in the occult, witchcraft, or cults

FINANCES

How do you plan on paying for your course? (fees, books, trips etc)

MORE INFORMATION

How did you hear about CSSM? _____

Why do you want to attend CSSM? _____

CSSM uses the DVD curriculum from the Bethel School of Supernatural Ministry, in Redding, CA.
What's been your expose to teaching from Bethel?_____

References:

Pastoral: Name/email

Personal 1: Name/email

Personal 2: Name/email

When submitting the application please be aware of the following:-

- This is a commitment between October and June.
- Application fee of £50 is completely non-refundable.
- Once accepted on the course all fees must be paid whether you complete the course or not. All fees are non-refundable.
- Fees include; evenings, away days, outreaches and mission day but not books, accommodation, food, travel or mission trips.
- I understand that if paying by instalments I am liable to pay all school fees as promised, regardless of whether I continue in classes.
- I am committing to come to the full school year barring a life emergency or mutual decision from the school director and myself to stop attending.
- For the purpose of Kingdom relationships, I will not leave the school unless I have an open-hearted conversation, with one of the school directors.

I have read the above information and am willing to submit this application.

By Submitting this form I agree that any falsification of information on this application is grounds for dismissal at any time.

Signature : _____

Date : _____

Please email this form to liz@kingdom-ministries.org.uk or post to;

Kingdom Ministries,
8 Southlea Close,
Bradford,
W Yorks
BD12 7BZ