**Certificate in Pioneer Mission September 2021**

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| **Name:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Email:** |  |
| **Date of Birth:** |  |
| **Occupation:** |  |
| **Church:** |  |
| **Parish:** |  |

Please provide details of your Incumbent, Priest-in-Charge or someone who knows you well so we can write to then for a reference. Please ensure you have discussed this course with them prior to applying.

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| **Name:** |  |
| **Church:** |  |
| **Position:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Email:** |  |

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| **1. What excites you about pioneer ministry?** |
| **2. What characteristics do you think you have to make a good pioneer?** |
| **3. What makes you want to join the Pioneer Mission course?** |
| **4. If your application is successful, what would be your idea / project that you would work on alongside the training? (This doesn’t need to be fully worked out, just an outline will be sufficient).** |
| **5. On a separate sheet, please provide a brief outline of your faith story, with a note of any church ministry you have been engaged in, of special interests or community involvement, and any initiative at church, work or in the community that you have started.** |
| **6. Do you have any dietary requirements?** |
| **7. Do you have any learning support requirements?** |
| **8. Emergency contact details / next of kin.**  **Name Relationship Address Phone Email** |

**Training Centre Preference** the first and last weekends training shall be at Penrith, the other four modules you can choose whether you attend them in Penrith or Newcastle. Please indicate your preference below (although we will do our best to accommodate your preference, we cannot guarantee you will get your preferred option).

**Penrith**  **Newcastle**

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| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |

Please return this form to Lori Passmore lori.passmore@carlislediocese.org.uk or print, complete and post to:

Lori Passmore, Carlisle Diocese, Church House, 19-24 Friargate, Penrith CA11 7XR

If you have any questions contact Lori at the email.

**LEARNING SUPPORT (Optional)**

*Completing this section is entirely optional. Information disclosed in this section will have no bearing upon your admission to the course. It is requested to help us assess your needs and to support you should your application be successful. The information you provide is special category personal data. If you prefer not to provide the information please leave this section blank. Providing information in this section indicates that you have given your consent for us to process the data in accordance with our data protection policy.*

Have you been diagnosed with a specific learning difficulty (SpLD), disability, or medical condition which may affect your capacity to study?

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| Yes (please specify) |  | |
| No |  |

If you have a relevant diagnostic report, please attach it to your application.

Do you think you may have a specific learning difficulty (SpLD), disability, or medical condition which may affect your capacity to study but which has not been diagnosed?

|  |  |  |
| --- | --- | --- |
| Yes (please specify) |  | |
| No |  |

If you have answered ‘yes’, and if your application is successful, please discuss this as soon as possible with your personal tutor.