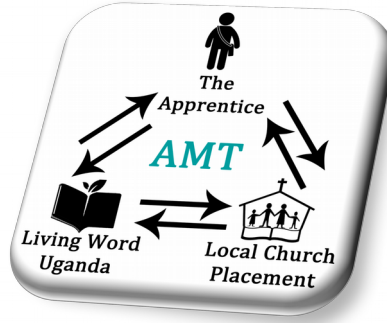




# Living Word Uganda

"The word of God is living and active..." Hebrews 4v12

## APPRENTICE MINISTRY TRAINING 2017



### APPLICATION FORM

#### Personal

Surname:

Given Name:

Middle Name:

Gender:

Marital Status:

Date of Birth:

Residence:

Nationality:

National ID Number:

**Contact**

Email:

Phone Number:

Postal Address (if any):

**Church**

Name:

Denomination (if any):

Pastor / Minister / Vicar:

Location:

**Education**

*(most recent first)*

Institution	Award	Year of completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
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## **Work Experience**

Please give details of previous employment or internship.

## **Christian Walk**

Tell us about how you became a Christian.

How have you continued to grow as a Christian?

Are you a member of a church currently? (Y/N)

If yes, how are you involved in your church? If not, why?

Which churches have you attended before? Why did you leave?

Have you had any training for ministry / service? If yes, when and where? How was the training relevant?

How were you involved as a Christian in school?

What influences your Christian life (books, media, celebrities, speakers, pastors, blogs...)? How?

What is your church's response to your intention of signing up for the apprenticeship?

*What role do the following play or serve in the life and work of a Christian?*

- God the Father.

- God the Son.

- God the Holy Spirit.

- The Bible.

- The local church.

What do you understand by the term “gospel”?

What do you understand by the term “ministry”?

What doctrinal matters do you see the church contending with today?

Why do you seek to be an apprentice with LWU?

What does your family make of you becoming an apprentice?

What are your strengths?

What are your weaknesses?

How are you gifted?

How do you use your gifts to serve?

Which other practical skills do you have?

## **REFEREES**

### ***Church Pastor / Minister***

Name:

Email:

Phone Number:

Address:

### ***Friend***

Name:

Email:

Phone Number:

Address:

**Parent / Guardian**

Name:

Relationship:

Email Address:

Phone Number:

Address:

**DECLARATION**

I declare that the information in this application form is true to the best of my knowledge.

Signed/Initials:

Date:

Note:

Please submit this form to [amt@livingworduganda.org](mailto:amt@livingworduganda.org) with the following attachments:

A scanned copy of your national ID.

A scan of your recent passport sized photo.

A cover letter with your personal testimony.

Scanned copies of your academic documents.

\* If you are not able to attach scanned documents, please deliver copies to the office.