



CHRISTIAN PRAYER MINISTRIES

Charity Number 1090856.

TRAINING COURSE TWO

c/o 'Fernhill',
Linton,
Bromyard
Herefordshire
HR7 4QJ

e mail: mike.pagett@btinternet.com

Tel: 01885 483042

Dear Member,

Thank you for requesting a set of application forms for the Training Course 2 at Glastonbury.

The forms contain instructions on how to proceed.

Cheques should be made payable to 'Christian Prayer Ministries'.

Please let me know if I can be of any further help.

Every blessing in Him,

Yours sincerely,

Mike

Mike Pagett
Course Administration.

CHRISTIAN PRAYER MINISTRIES

NEW REGULATIONS T.C.2 APPLICATION FORM

Application for the Course at Abbey House, Glastonbury on 14/16 May 2010

Would you please complete Part A, ask your Regional Committee to complete Parts B & C and ask them to return the completed form to the Course Administrator with the FEE & STAMPED SELF-ADDRESSED ENVELOPE.

PART A

Please answer the questions below as fully as possible

NAME.....Title.....

ADDRESS.....

.....Post Code.....

DATE OF BIRTH.....TELEPHONE NO.....

CHURCH ATTENDED.....

Please list the recent dates & locations of the Prayer Ministry Courses where you have been a Team Member

a)..... b).....

c)..... d).....

PLEASE ENSURE THAT YOUR TRAINING LOG BOOK- FULLY COMPLETED- IS ENCLOSED WITH THIS APPLICATION

Are there any special circumstances, such as diet, pregnancy, medication, bereavement or depression which we should be aware of ?

PART B

To be signed by a Regional Committee Member

I CONFIRM THAT WE ARE RECOMMENDING THIS CANDIDATE TO MOVE FORWARD TO A NEW REGS. T.C.2 WITH A VIEW TO THEIR BEING RECOGNISED AS AN ACCREDITED PRAYER MINISTER. THIS WAS MINUTED AT THE REGIONAL COMMITTEE HELD ON.....

SIGNED..... REGION.....

PART C

Would you please enter the name and address of the Regional Committee person who has signed the form and provide a brief reference by answering the questions below.

We place a great deal of importance in this ministry on maintaining the authority of local Regions when we consider applications for Courses.

Regional Committee Representative.....

Address.....

..... Post Code.....

Telephone No.

1) Is the applicant a regular supporter of the Regional activities ?

.....

2) Are you prepared to give full, or only qualified support to attend this Course ?

.....,,

3) How do you believe that this Course will enrich their experience in Prayer Ministry ?

.....

4) Does the Region have any reservations about supporting this candidates application
For this Training Course ?

.....

5) How have other prayer ministers responded to the candidate when being used as a
Support Prayer Minister ?

.....

6) Are there any special points of which we should be aware ?

.....

Thank you for helping us in the assessment of this member of your Region.

We would be grateful if you would send this completed form, together with the stamped, self-addressed envelope, completed Log Book and the Course Deposit fee provided by the applicant, to the Course Administrator, whose address is on Course details form. Many thanks.