

# OCCG PROGRAMME IN CHURCH GROWTH 2013-2014

## Application Form

Please return your signed and completed form to:

Oxford Centre for Church Growth  
St Aldates Parish Centre  
OX1 1BP Oxford  
United Kingdom  
Tel: +44 (0)1865 254 816  
E- mail: [OCCG@staldates.org.uk](mailto:OCCG@staldates.org.uk); [Receptions@staldates.org.uk](mailto:Receptions@staldates.org.uk)



Please write neatly using block capitals in black ink or biro.

### 1. Personal details

First name			
Surname			
Address			
Town / City			
Postcode / Zip code			
Country			
Tel. No.		E-mail Address	
Gender: M/F		Date of Birth	
Marital status		Nationality	
Church Denomination			
Current Occupation			

Physical or other disability or medical condition      No       Yes  (please provide details)

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Do you have any criminal convictions?      No       Yes  (please provide details)

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### 2. Course for which you wish to apply

	Year of Entry
A. Certificate for Theology Graduates <input type="checkbox"/>	
B. Church Growth Programme <input type="checkbox"/>	
& the Certificate in Theological and Pastoral Studies (optional) <input type="checkbox"/>	

Please indicate how you heard about our programme (please tick)

Love Europe Conference     Our website     Your university     Your church     Other

### 3. Funding status

Means of financing your studies:

State Funding	<input type="checkbox"/>	
Private Funding	<input type="checkbox"/>	
Student Loan	<input type="checkbox"/>	
Church (please specify)	<input type="checkbox"/>	_____
Other (please specify)	<input type="checkbox"/>	_____

### 4. Academic qualifications (e.g. Baccalaureate, Licentiate, BA, BSc, MA, etc.)

Level	Subject	Date (Month/Year)	Place of Study	Result	CATS/ECTS points (if applicable)

### 5. Last two educational establishments attended

School / Institution	Address	From	To	Full-time/Part-time

### 6. English Language Competence

Name of last examination taken (e.g. IELTS or TOEFL)	
Result	
Date	
Original/ Copy of certificate enclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No' please explain:	

## 7. Work experience

Job Title	Name of Organization	Full /Part Time	From (Month/Year)	To (Month /Year)

## 8. Personal statement

Please answer the questions below to tell us more about yourself and your reasons for choosing this course.

Why have you chosen this programme and where would you see it leading?
How did you come to your Christian faith?
What are your areas of strength?
What are you areas of weakness?
Which Christian saint or leader inspires you and why?

What is the most important book you have read, apart from the Bible, and why?

## 9. Ministry experience

Role	Responsibilities	Name of the Church	From (Month/Year)	To (Month /Year)

## 10. References

Please provide the names and contact details of two referees (from your university/work and your church).

Tutor or Employer		Church	
Name		Name	
Address		Address	
Postcode		Postcode	
Country		Country	
Tel. No.		Tel. No.	
Email Address		Email Address	

## 11. Declaration

I confirm that the information given in this form is correct, complete and I have personally signed this form.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_