

Apprenticeship Scheme

Application Form

Please fill in the following form using blue or black ink and block capitals.

Personal Details

Surname	First Name	Title
Address		
Post Code		
Daytime tel	Evening tel	Mobile
Email		Date of Birth
Current occupation	Employer name	
Church you attend now	Churches attended in the past	
Are you single, engaged or married?		

Further Details

Give a brief summary of your education and employment so far

Give a brief history of your personal Christian experience

What is your view of the Bible?

St. Ebbe's Apprenticeship Scheme Application Form

How are people brought into relationship with the living God?

Why is the gospel so important and urgent?

What would you say have been the greatest influences on your Christian life?

Why do you want to be an apprentice at the 10.30, 3.30 and 7.00 congregations of St Ebbe's?

What experience do you have of ministry within a church?

As far as you can tell now, what would you like to be doing in 5 years' time – and why?

Supporting Details

Use this space to detail any further points that you would like to include to support your application or if there is anything else you would like to tell us (eg, about health, background or relevant experience).

Referees

Please provide the name and contact details of 2 referees. These should not be family members and one referee should be your church minister.

Surname	First Name	Title
Address		
Post Code		
Daytime tel	Email	

In what capacity do you know this referee and for how long have you known them?

Surname	First Name	Title
Address		
Post Code		
Daytime tel	Email	

In what capacity do you know this referee and for how long have you known them?

Please return this application form to:

Jill Gascoigne, 21 Latimer, Headington, Oxford, OX3 7PG
Or email: jill.gascoigne@stebbes.org