CCI ACADEMY Application



CCI Academy Admissions Team CCI Office c/o St Mark's Church 42a Pearse St Dublin D02 R123

Ph: 085 2523374

Email: academy@ccireland.ie

Place Photo Here

Instructions

Please answer all questions clearly and fully. After all questions have been fully considered and answered, this application should be returned to the admissions team, along with a non-refundable €20 application fee (cheques payable to Assemblies of God Ireland), to the above address. You can also pay by clicking on the "Donate" button on our website www.ccireland.ie - clearly write your name on the explanation line.

This application form and the required references must be completed prior to an informal interview, which will be scheduled with the admissions team. The ACADEMY admissions team will make the final decision on each application. To avoid delay please answer all questions.

Contact Information:

Name:	Address:
Title:	
Forenames:	
Surname:	
Date of Birth:	Postal Code:
Nationality:	Tel. Home:
Marital Status: Single / Married / Widowed / Di-	Tel. Work:
vorced / Separated (circle as appropriate)	Tel. Mobile:
Spouse's name:	E-mail:
(if married)	

WHICH ACADEMY REGIONAL HUB DO YOU HOPE TO ATTEND?				
St Marks Church, Dublin			Discovery Church, Galway	
Grace Generation, Banbridge			Open Arms, Newbridge	
Ab	undant Life, Limerick			
<u>Ed</u>	ucation:			
1.	Please state in brief your educat done:	cional history	y, including any Bible College cours	es you have
2.	To help you succeed, are there as cult for you? (e.g. illiteracy, dysle		es, we should be aware of, that ma	ke learning diffi-
<u>Spi</u>	ritual Experiences			
1.	When and where were you born-	-again?		

5.	Have you ever been subject to discipline by a church or religious organisation?			
	Yes □ No □			
	If yes, please provide details:			
	I to the Ministry What kind of ministry work do you feel God has called you to?			
2.	What experiences have caused you to believe that God's call is upon your life for local church /			
	national ministry?			
3.	Please give any other experience or information which you feel to be significant to your calling			
	into church ministry:			

4.	What are you most passionate about in the ministry?
5.	What are challenges for you in the ministry?
6.	Why do feel ACADEMY is the best leadership training school for you?
7.	What do you hope to achieve by doing ACADEMY?

References

As part of your application, we require written references from the following:

- 2 x Church leaders, one of whom must be your Pastor/minister and the other an elder/ministry leader you have worked with
- 1 x Employer or 1 x Friend

Please specify contact details for people acting as referees. It is important that the people you list as referees know you well enough to provide a trustworthy character reference on your behalf.

Ministers/Leaders

	Minister's Name	Church they attend	Address, Email and Phone
1.			
2.			

Employers

	Employer's Name	Company Name	Address, Email and Phone
1.			

<u>Friend</u>

	Friend's Name	Address, Email and Phone
1.		

Financial Commitment

The fees for the ACADEMY Co	ourse per year are as follows:
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Please select your time schedule for paying:

- 1. One Off Payment in Full Paid Up Front before 1st day of term: €900/£800
- 2. One Payment per Term: €320/£290 (x 3 terms = €960/£870)
- 3. Monthly Instalments of €110/£100 per month for 9 months set up by standing order (x 9 months = €990/£900)
- 4. If your church is subsidising your fee, please let us know the name and number of the person to contact

I will pay my fees of €900/£800 in full at the start of Term 1	
I will pay my fees in 3 term payments of €320/£290 at the start of each Term	
I will pay my fees in 9 monthly instalments of €110/£100 commencing at the start of Term 1	
N.B. Payments in instalments MUST be made by standing order.	

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I will pay my fees in 3 term payments of €320/£290 at the start of each Term			
I will pay my fees in 9 monthly instalments of €110/£100 commencing at the start of Term 1			
N.B. Payments in in:	stalments MUST be made by standing order.		
ACADEMY Bank Acc	count Details:		
Account Name: Branch Address: Sort Code: Account Number: BIC: IBAN:	Assemblies of God Ireland, ACADEMY Account AIB, 40/41 Westmoreland Street, Dublin 2 93-33-84 31095456 AIBKIE2D IE37AIBK93338431095456		
Please select your p	payment type preference:		
Standing Order	Standing Order		
Cheque	Make cheques payable to: "Assemblies of God Ireland"		
Credit Card			
AUTHORISATION ST	ATEMENT:		

I bear witness that the information that has been given on this application form is correct and full to the best of my knowledge and no information has been withheld that may affect this application

Your Signature:	Date: