

Mission Africa GAP Programme Application form

Personal Details

Full Name [as on Passport]

Current Address

Permanent Address [if different]

Telephone Number:

Mobile No:

E-Mail Address:

Date of Birth:

Nationality:

Marital Status:

Passport Number:

Date Passport issued:

Passport Valid until:

Marital Status: Single Engaged Married Widowed Divorced

Education & Skills

Please give basic details of qualifications you have achieved, or you are currently studying for.
GCSE's, A levels, Degrees (or equivalent)

Name of School / College / University

Qualifications achieved or subjects studying

Please state your current occupation and any previous experience which you think may be relevant.

Personality Profile

In a few sentences could you describe yourself and your personality.

What do you see as your strengths?

What do you see as your weaknesses?

How would you assess yourself in terms of the following personality characteristics.

Score yourself from 1 to 10 where 1 = weak and 10 = strong

| | | |
|--------------------------------|---------------------|----------------------|
| Make friends easily: | Tolerant of others: | Patient: |
| Well Organised: | Conscientious: | Optimistic: |
| Energetic: | Decisive: | Self-motivating: |
| Seek leadership opportunities: | Trustworthy: | Calm under pressure: |
| Self-disciplined: | Have initiative: | Stick-ability: |
| Shy: | Visionary: | Sociable: |
| Team player: | Worrier: | Take Criticism: |

If you have travelled abroad before, please give dates and countries visited:

If you have been to Africa before, please comment on your experience:

Christian Life and Experience

Describe how you became a Christian and how your faith in Jesus Christ is developing:

How are you seeking to live out your Christian faith in your current situation?

If you were asked 'How can I become a Christian?', what would you say?

How do you strengthen and maintain your Christian life?

In what areas do your spiritual gifts and abilities lie?

In what type of Christian Service do your passions lie?

Have you had to deal with difficult experiences, explain briefly how you have dealt with them?

Please tell us which activities you are involved in the church or other Christian organisations?

What positions of responsibility have you held in your church/CU/etc?

Church

Are you a member of a Church?

Which Church are you a member of?

How long have you been involved in this church?

Name and Address of Pastor:

Is your church aware of your intention to serve God in Africa and do they support you?

Social & Medical [Please tick yes or no for each question]

| | Yes | No |
|--|-----|----|
| Have you any allergies? | | |
| Have you fainted, had a blackout/fit or lost consciousness for any reason in the last 3 years? | | |
| Have you had any serious illness in the last 3 years? | | |
| Are you taking any prescribed drugs, and would you take these with you to Nigeria ? | | |
| Do you have any psychological or physical condition that you think we should know about? | | |
| Have you at any time been addicted to drugs? If so, when? | | |
| Do you have any reason to consider yourself other than completely healthy? | | |
| Do you require a special diet? | | |

If you have answered "Yes" to any of the above questions please give details.

| | | |
|---|--|--|
| Do you agree to inform us if your state of health changes after completing this form? | | |
| Smoking, drinking alcohol and solvent abuse are forbidden while in Nigeria. Do you agree to abide by these rules while participating in STEP? | | |

Mission Africa GAP

What interest have you had in cross-cultural mission?

Why do you wish to participate in the Mission Africa Gap programme?

What contribution would you like to make during your placement?

What do you hope to personally gain from Mission Africa's GAP programme?

How did you hear about M.A. GAP?

When are you available for departure?

How long do you want to spend on M.A. GAP (between 6-12months)?

Which country are you interested in serving in?

| | |
|--------------|--------------------------|
| Nigeria | <input type="checkbox"/> |
| Chad | <input type="checkbox"/> |
| Burkina Faso | <input type="checkbox"/> |

What type of ministry are you interested in working with?

| | |
|--------------------------------------|--------------------------|
| Care for marginalised children | <input type="checkbox"/> |
| Teaching and education | <input type="checkbox"/> |
| Discipleship of young Christians | <input type="checkbox"/> |
| Medical Care | <input type="checkbox"/> |
| Outreach and evangelism | <input type="checkbox"/> |
| Sports | <input type="checkbox"/> |
| Training of vocational & life skills | <input type="checkbox"/> |

Emergency Contact info.

In the event of you being involved in an emergency situation during your visit to Africa, do you give permission for Mission Africa to act on your behalf in order to restore the situation?

If such an emergency situation arises, will you adhere to the direction of Mission Africa?

If a situation arises Mission Africa need to know who you want contacted, (parents, spouse, adult children, minister / pastor, church elder or friend are all acceptable)

Primary Emergency Contact
Name:

Phone Number 1:

Phone Number 2:

Secondary Emergency Contact:
Name:

Phone Number 1:

Phone Number 2:

Blood Type Incase you need a blood transfusion, or you are compatible to donate blood in an emergency.

References

Please give the names and addresses of two referees, one of whom must be your pastor or minister and the other a Christian friend or leader who knows you well.

Pastor

Name

Address

Position

Christian Friend

Name

Address

Position

Legal Declaration

I journey to Africa entirely at my own risk and confirm that Mission Africa owes no legal duty of care towards me.

All warranties, conditions and other terms implied by statute or common law (if any) are excluded to the fullest extent permissible by law.

Any and all claims against Mission Africa or any individual member of Mission Africa on any account whatsoever are excluded.

That I must obey all lawful and reasonable commands given to me by Mission Africa, and that if I do not do so, I will be repatriated and liable for the costs of repatriation.

Signature

Date

Witness Signature:

Witness Name

Witness Address

Witness Occupation

Please return all 7 pages completed to:
Mission Africa 14 Glencregagh Court, Belfast, BT6 0PA Northern Ireland

If you have any questions about the form and how to fill it in please contact the Mission Africa office on:
t: 028 9040 2850 e: serve@missionafrica.org.uk