

Masters Commission Aberdeen 2010

Application Form



PERSONAL INFORMATION

Full name :
Age and Date of Birth:
Sex:
Marital Status:
Email:
Phone (day & evening):
Place of Birth (Town, Country):
Social Security or NI Number:

MEDICAL INFORMATION

Are you on any medication?:
Do you have any allergies?:
Have you ever used illegal drugs?:
Do you have medical insurance (Outwith UK)?:

EMPLOYMENT

Present employer:
Position held:
Date you would leave position to join MCAberdeen:

EDUCATION

What qualifications did you get from secondary school? (12-18 years old):
Did you attend College or University? (Further education):

What qualifications did you achieve?:

FINANCIAL INFORMATION

How do you plan to pay for your MCAberdeen fees?:

Will you have the total amount by the required date?:

If no, please explain:

CHURCH BACKGROUND

Name of home church:

Denomination:

Address:

Phone Number:

Senior pastor:

Youth Pastor:

How long have you attended this church and how often do you attend?:

Have you been involved in any ministries?:

When did you receive Jesus as Lord and Saviour of your life?:

Do you have any hobbies?:

Do you have any skills you think would benefit MCAberdeen?:

If accepted at MCAberdeen can you commit to the full 9 months?:

Any strengths and weaknesses?:

REFERENCES

Please note it cannot be Pastor, youth pastor or family member.

	Full Name	Relationship to Applicant	Contact Number
1			
2			
3			