



Internship Application Form

Section 1 – Personal Details

Full Name:

Sex:

Male Female

Permanent Address:

Telephone:

Mobile:

Term Time Address:
(If Applicable)

Telephone:

Email:

Date of Birth and Age:

Have you ever lived away from home?

Yes No

Please give details of any academic qualifications, other qualifications (e.g. music grades, Duke of Edinburgh...) or any specific Christian training you have received:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current occupation or course of study?

Do you hold a driver's licence?

Yes No Full Provisional

Do you/will you have use of a vehicle?

Yes No Car Motorbike

Section 1 – Personal Details Continued...

Do you or have you ever suffered from any of the following?

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Asthma | <input checked="" type="checkbox"/> Epilepsy | <input checked="" type="checkbox"/> Diabetes (please specify) _____ |
| <input checked="" type="checkbox"/> Depression | <input checked="" type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Allergy (please specify) _____ |
| <input checked="" type="checkbox"/> Migraines | <input checked="" type="checkbox"/> Another condition (please specify) _____ | _____ |

If you would like to give any more information about the above, please do so here

Are you currently taking any medication?

- Yes No Please give details

Do you have any special eating/ dietary requirements?

Is there any other information you feel we should be aware of as we process your application?



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Section 2 – About You

How long have you been a Christian?

Please describe your Christian journey so far:

(If you wish, please continue on another sheet)

What church do you attend?

Denomination:

How long have you been going there?

Is your church supportive of this application? Yes No

What experience have you had of Christian service in the local church or elsewhere?

What do you consider to be your primary gifts / talents / abilities?

What do you consider to be your strengths and weaknesses?

Section 2 – About You Continued...

Why do you want to join our Internship Programme?

Please indicate your level of interest in the following service opportunities (HIGH, AVERAGE, LOW)

Community Regeneration: _____	Worship: _____
Schools Work: _____	Drama: _____
Youth Work: _____	Emerging Church: _____
Children's work: _____	Evangelism: _____
Pastoral work: _____	Outdoor Pursuits: _____
Sports Ministry: _____	Student Work: _____
Teaching: _____	Social Action: _____
Area(s) of high interest not listed: _____	

Section 3 – Other Information

How did you hear about Going Public Internships?

Will you need assistance to raise money for your Internship?

What do you plan to do after your Internship?

Please include here any other comments you wish to make:

Section 4 – References/Child Protection

We will need to contact three referees concerning your application. One should be the minister/vicar/leader of your church; another a Christian friend who knows you well; the third an employer, teacher or someone who has supervised your work.

Church Leader's Name:

Position:

Address:

Phone Number(s):

Friend's Name:

Position:

Address:

Phone Number(s):

Employer's Name:

Position:

Address:

Phone Number(s):

If you have an objection to us contacting your employer for a reference please give details

Child Protection Declaration

You will understand the great responsibility involved in working with children and young people, and the need to ensure their safety. We therefore ask you to sign this declaration

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges?
(NB the disclosure of an offence may be no bar to your appointment.) Yes No

Has your conduct ever caused or been likely to cause harm to a child or put a child at unnecessary risk, or, to your knowledge, has it ever been alleged that your conduct has resulted in any of these things? Yes No

(If yes to either question please provide full details on a separate sheet and enclose it with this application, marking the envelope confidential)

Signed:

Date:

dd/mm/yyyy

Section 5 – Signature

I have prayerfully considered this application and the details enclosed are true to the best of my knowledge.

Signature:

Date:

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- If you would like an acknowledgement that we have received your application form please enclose a Stamped Address Envelope.
 - **Please remember to include a named passport photo of yourself.**
 - Please return this form in the envelope provided to the address below
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