

# **Gateway Training Centre - Athens**

## **Cross-cultural Program Application Form**

Before submitting this document, please make sure that you have digital copies (scans) of the following documents ready to email with this application form.

- Recent photograph of yourself (please make sure that only you appear on the picture without head coverings or sunglasses)
- Copy of your highest education qualification
- Copy of the information page of your passport

Please save and email this application form and all other documents to: trudya@ememin.org

\* Mandatory fields to be completed

What program	dates are	you app	lying	for*
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29 September - 21 December 2024
February - May 2025
September - December 2025
February - May 2026
Not sure

### **Personal Information**

Name*:			
Middle Name/s:			
Surname*:			
Gender*:	Male	Female	
Email Address*:			
Cell/Mobile Number	r (include country o	code, e.g. +1 252 809 8090) <sup>3</sup>	*:
Mailing Address*:			
		Zip/Postal Code*	::
Country*:			



Please list all the lavery basic)*:	anguages yo	ou speak, with t	he proficiency	(where 10 is f	luent and 1 being
		Pro	ficiency:		
		Pro	oficiency:		
		Pro	ficiency:		
		Pro	ficiency:		
Marital Status*:					
Single					
Engaged					
Married					
Widowed					
Separated					
Divorced					
Date of Birth*:	Day	/_ Month	/		
Do you have any d	lependent cl	hildren under th	ne age of 18?*		
Yes					
No					
If so, please provid	le their nam	nes and dates of	birth:		
				Age:	
				Age:	
				Age:	

Age: \_\_\_\_\_



## Church and Ministry Information

Name of your current church*:	
Address of your church*:	
	Zip/Postal Code*:
Country*:	
Email address of your church*:	
Contact number of your church*:	
Church involvement*:	
Church Member	
Church Attender	
Other:	
Name of your pastor/elder*:	
Email address of your pastor/elder*:	
Contact number of your church*:	

List and briefly describe past and current ministry positions, roles, and responsibilities:



List and briefly describe any cross-cultural volunteer/work/mission/ministry experience you have had.

Educational Background	
Did you complete Secondary/High School ed	lucation*?
Yes	
No	
Completing soon	
If completed, or in the process of completion completed/schedule to be completed:	, please state the date when
Day Month Year	_
Name and address of Secondary/High School	ol:
	Zip/Postal Code*:
Country*:	



Please complete the following for each post-secondary qualification or program you have enrolled in:

Name of institution	Years of enrolment	Program or qualification you enrolled in	Any majors or specialisations?	Date of completion or intended date of completion

## **Employment Background**

Please provide us the information about your current and up to three past employment history (if you are unemployed or studying full-time without employment, please state "unemployed" or "studying full-time" below):

Employer	Dates of	Job responsibilities
	Employment	
Current employment*		
Past employment		

## Personal Vision and Purpose

Please give the reasons why you want to enrol for the cross-cultural program at the Gateway Training Centre\*:



Briefly share your story with us; your journey with Christ, interest in further ministry training, calling to serve in another country/culture, and represent Jesus Christ to the lost wherever you are (between 400 to 800 words)\*:



How did you hear about the gateway Training Centre?



#### References

Please provide the contact information for three references that we can contact: a pastoral reference (pastor or elder), a ministry reference (someone who you serve under, or served with, in ministry, or has served you in ministry) and a character reference (not a family member or close friend, but someone that can attest to your character, like a teacher, work supervisor or another leader at your church)\*

Name	Email	Cell/Mobile number
Pastoral reference*		
Ministry reference*		<u> </u>
Character reference	•	

#### Additional documents

Please email the following documents together with this application form to trudya@ememin.org

- Recent picture of yourself
- Copy of your highest educational qualification
- Copy of the information page of your passport

By submitting this application form, I hereby certify that the information presented on this application is correct to the best of my ability. The staff of the Gateway Training Centre have my permission to contact my references for additional information\*.

Date Signature

