

## APPLICATION FORM FOR INTERNSHIP WITH SCRIPTURE UNION

<b>1. PERSONAL CONTACT DETAILS</b>					
Name:		Gender:	Male / Female	Date of Birth:	
Address:				Postcode:	
Contact No.:	(HP)	(Home)	Occupation:		
Email:				Marital Status:	
Academic Qualification: (Please circle)		PMR/SRP	SPM	STPM	College/University
<b>2. PERSONAL SPIRITUAL AND CHURCH LIFE</b>					
How long have you been a Christian?				Months / Years (Please circle)	
How regular is your quiet time? (Please circle)		Daily/Regular	Once a week	2-3 times/month	Once a month
Church:			Denomination:		
Church Involvement: (Please tick)		Church board/leadership/committee			
		Cell Group/Bible study leader			
		Children's ministry, please specify:			
		Youth fellowship, please specify:			
		Others, please specify:			
Involved in any Christian ministries outside your church?		No / Yes	Please specify:		
<b>3. PERSONAL DETAILS</b>					
How would you describe your personality?					
Do you play a musical instrument?		No / Yes	If yes, what instrument(s)?		
What is your understanding of being a Christian?					
Tell us something about your spiritual journey?					
Why do you want to be an intern with Scripture Union (SU)?					
How did you find out about SU and please give details of any association with SU.					
<b>4. AREAS OF INTEREST AND EXPERIENCE</b>					
What experience do you have working with children, youth or families other than with SU?					
What age groups are you comfortable working with? (Please tick)				Primary Age	
				Secondary	
				College/University	
				Adults	
Please identify the skills/gifts you feel you have which may be useful during your internship: (You can tick more than one)					
Planning/organizing		Leading worship		Training/conducting workshops Topics:	
Planning/conducting games		Preaching/teaching			
Leading discussion groups		Others, please specify:			

**5. MEDICAL/HEALTH CONDITION**

General Health: | Excellent / Good / Average / Poor

Are there any other specific medical conditions (allergies/illnesses) we should be aware of?

In the case of an emergency, who should we contact on your behalf?

Name: | Relationship: | Phone: |

**6. COMMITMENT**

I agree to serve as an SU intern within the SU Aims, Statement of Belief and Working Principles. As I will represent SU, my conduct will positively reflect a high standard of morality and ethics. I authorise SU to contact my referees (details below). The information contained in this application is true and correct.

Name: | Signature: | Date: |

*If the Applicant is under 18, his/her parent of guardian must sign:*

Name: | Signature: | Date: |

**7. REFEREES***Please give details of two referees. One should be a pastor/church leader and the other a committed Christian who knows you well. Neither should be a family member nor a staff of SU.*

Name: | Address: |

Phone: | Email: |

Name: | Address: |

Phone: | Email: |