

THE LOST GLORY

School of Worship & Ministry

School of Worship & Ministry

Application form

School	Year	Country
<input type="checkbox"/> Feb – May	2008	
<input type="checkbox"/> Sep – Dec	2008	

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Place photo(s) here! (Please enclose a second photo)

Section A

Personal information

Date of application: _____

Application fee enclosed? GBP £25 (This is non-refundable)

How did you hear about this School?

Friend Conference Advertisement Website Other (Please write below)

Name: (Mr., Mrs., Miss.) _____

Name as you'd like it to appear on a name badge: _____

Telephone number:

Home # _____ Work # _____

Mobile / Cell # _____ Fax # _____

E-Mail Address _____

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Current Address:

Street _____

City _____ County/State _____

Zip / Post Code _____ Country _____

Permanent Address, if different from current address:

Street _____

City _____ County/State _____

Zip / Post Code _____ Country _____

(Please print as it would appear on a mailing label for your country)

Birth date: (Day) _____ (Month) _____ (Year) _____ Age: _____

Sex: Male Female

Status: Single Engaged Married Remarried

Divorced Separated Widowed

(On a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried or widowed)

Spouse's name: _____ Birth date: _____ Age: _____

Nationality _____ Birth place: _____

Date of Marriage _____ (prospective date if engaged) _____

Names and ages of your children _____

Passport Information

Name on passport _____ Citizenship _____

City or Country where Passport was issued _____

Passport number _____ Date of issue _____ Expiry Date _____

Nationality _____ Birth place _____

Emergency Contact

Name: _____ Phone # _____

Address / Street _____

City _____ County/State _____ Zip/Post Code _____

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Consent for Treatment

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary.

Applicant's signature _____ Date _____

Signature of parent or guardian, if applicant is under 18 years of age.

Signature _____ Date _____ Relationship _____

References / (friend / co worker)

Could you please list the people (know you for at least 2 years) to whom you gave your reference forms.

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church name _____ Denomination _____

Pastor's Name _____

Address _____

Phone # _____ Fax # _____

Is your Pastor in agreement with your plans? Yes No

How long have you attended this church? _____

How would you describe your relationship with your pastor? _____

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Financial information

Do you have your complete school fees? Yes No

If no, from what source will they come? _____

Do you have any outstanding debts? (If so, please explain) _____

Acknowledgment of financial responsibility

I understand that the payment of the required school tuition fees must be made in **US dollar** prior to or upon my arrival. Payment must be made in full. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with School of Worship. If I am accepted I will abide by the rules, commitments and schedules of the school.

Signature _____ Date _____

Special note regarding expenses -- All personal expenses are the responsibility of the student, i.e. additional personal transportation, phone calls, medical fees, spending money and laundry expenses.

Release of Liability

I/We do hereby release The Lost Glory, School of Worship, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with The Lost Glory, School of Worship.

Applicant's signature _____ Date _____

Signature of parent or guardian, if applicant is under 18 years of age.

Signature _____ Date _____

Relationship _____

I certify that all the information in this application is complete and accurate.

Signature: _____ Date: _____

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Section B (Residential Students only)

Health information

TO THE APPLICANT: This information will be treated confidentially and separately from your academic records. Please complete the first part of this form and have your doctor complete the rest. Please answer all these questions in ink or by typing.

Name: _____

Citizen of _____

Please explain your medical insurance coverage briefly:

Name of Insurance Carrier? _____

Group Ins. Number _____ Individual Ins. Number _____

Please check your medical insurance if you are not a UK citizen to make sure you are covered.

Personal History

Please answer all the following questions.

Have you ever had, or do you have, any of the following? If yes, please give the details on a separate sheet. Please answer yes or no in the following slots.

- | | | | |
|--|--|--|---|
| Skin condition <input type="checkbox"/> | Heart trouble <input type="checkbox"/> | Jaundice <input type="checkbox"/> | Gall bladder problems <input type="checkbox"/> |
| High blood pressure <input type="checkbox"/> | Hepatitis <input type="checkbox"/> | Ear trouble <input type="checkbox"/> | Low blood pressure <input type="checkbox"/> |
| Intestinal problems <input type="checkbox"/> | Head injury <input type="checkbox"/> | Arthritis <input type="checkbox"/> | Recurrent diarrhea <input type="checkbox"/> |
| Recurrent headache <input type="checkbox"/> | Epilepsy <input type="checkbox"/> | Diabetes <input type="checkbox"/> | Back problems <input type="checkbox"/> |
| Dislocation of joints <input type="checkbox"/> | Asthma <input type="checkbox"/> | Fainting spells <input type="checkbox"/> | Broken bones <input type="checkbox"/> |
| Paralysis <input type="checkbox"/> | Surgery <input type="checkbox"/> | Insomnia <input type="checkbox"/> | Appendectomy <input type="checkbox"/> |
| Shortness of breath <input type="checkbox"/> | Tonsillectomy <input type="checkbox"/> | Hay fever <input type="checkbox"/> | Kidney disease <input type="checkbox"/> |
| Anemia <input type="checkbox"/> | Hernia repair <input type="checkbox"/> | Tumor /cancer <input type="checkbox"/> | Stomach / duodenal ulcer <input type="checkbox"/> |
| Venereal disease <input type="checkbox"/> | Eye trouble <input type="checkbox"/> | | Mental or nervous disorder <input type="checkbox"/> |

Allergies, including food allergies, (specify) _____

Other illness or conditions - Please specify _____

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Are you at present under the care of a doctor for any condition? Yes No

Please specify:

Are you taking any medication at this time? If so please specify:

Are you allergic to any medications? Yes No

Please specify: _____

Do you have a history of emotional instability or psychiatric treatment? Yes No

Please specify: _____

Do you now, or have you ever, receive compensation for disability from any source? Yes No

Please specify: _____

Do you have any physical impairments, handicaps or health conditions which require special attention including food allergies? Yes No If yes, please describe:

Blood type _____

How would you rate your health: Excellent Good Fair Poor

Communicable Diseases / Family History

Have you ever had any of the following:-

Chicken Pox Measles (Rubella) Measles (German) Mumps
Epilepsy Scarlet fever Tuberculosis Hypertension
Convulsions Pertussis (whooping cough)

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Doctors Information

The portion of the form must be filled and signed by a doctor.

TUBERCULOSIS CONTROL

One of the following:-

Chest X-ray Date _____ Result _____

Examination facility _____

Skin test Date _____ Result _____

Examination facility _____

B.C.G. Date _____ Result _____

Examination facility _____

Doctor's Signature _____ Date _____

Doctor's Name (Please print) _____

Address / Street _____

City _____ State _____

Zip / Post Code _____ Country _____

Section C

Please answer the following questions on separate sheets of paper. Answer as completely as possible. Use as many pages as necessary.

Spiritual Growth

- a. Outline your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family. Are you meeting your expectations for personal spiritual growth?

Relationships and Experience

- d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- e. Please take one page each to describe your relationship with your mother and your father.
- f. Briefly describe your relationship with the rest of your family.
- g. Do you have any children?
- h. How does your family feel about your intentions to attend the School of Worship?
- i. Please include a resume or history of your work experience and education.
(Please include: special interest courses, musical abilities, artistic talents, hobbies or things that inspire or interest you).
- j. What languages do you speak and how proficiently?

Goals and Expectations

- k. Comment briefly on the circumstances which led up to your decision to apply for this school. Include any specific guidance you feel you have received.
- l. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
- m. Briefly, what are your plans following the school?

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God's Work

- n. How do you know that the Holy Spirit is working in your life?
- o. Have you been baptized in the Holy Spirit (Acts 19)?
- p. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school. If you have difficulty communicating your answer in writing, contact us as the School Pastors can talk with you personally.

Please answer in detail. One sentence is not sufficient

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

- a. alcoholic beverages
- b. tobacco
- c. "soft drugs" (e.g. marijuana)
- d. "hard drugs" (cocaine, heroin, chemicals)

2. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates, any lingering difficulties.

3. If you have been involved in any of the following, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them.

- a. the occult? Cult or sect (new age, eastern mysticism, Mormonism, Jehovah's Witnesses, etc.);
- b. heterosexual sin, including pornography and promiscuity;
- c. homosexual activity;
- d. compulsive behaviors,

4. Do you have a history of abuse, either verbal, physical or sexual? Yes No

Please specify: _____

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Your Expectations

The following questions deal with expectations while in the School of Worship program. Your signature below indicates your agreement to these commitments.

Will you commit to :

1. weekly journal?
2. arrive at all school functions and commitments on time?
3. Practical help around the school?
4. Some evenings for worship meetings, practice etc.?

Signature _____ Date _____

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How would you like to see your gifting being used?

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Section E

Friend / Co-worker Reference Form (Confidential)

Applicants, please provide a stamped address envelope for your references.

Name of Applicant _____

The above applicant has applied to attend The Lost Glory School of Worship and Ministry. Thank you for taking the time to fill out the reference form. This will help us to evaluate the applicant's suitability for admission.

Please note, your information will NOT be added to our database. This is for evaluating the applicant's suitability only.

Name: (Mr., Mrs., Miss.,) _____

Telephone number:-

Home # _____ Work # _____

Mobile # _____ Fax # _____

E-Mail Address _____

Address / Street _____

City _____ County/State _____

Zip / Post Code _____ Country _____

Occupation _____

1) What is your relationship to the applicant, (leader, friend)?

2) How many years have you known the applicant?

3) What do you perceive to be the applicant's best qualities?

4) What do you perceive to be the applicant's greatest weakness(es)?

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5) Please relate one incident or example that you think best portrays the applicant's Christian faith and/or commitment to moral integrity.

6) How do you think the School will aid the applicant's development?

7) What ministry or spiritual gifts have you observed in operation in the applicant?

8) Have you any reservations about the applicant attending the School of Ministry?

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9) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

10) Please rate the applicant's ability to get along with his or her peers:

Outstanding Excellent Good Fair Poor

11) Please rate the applicant's ability to relate to authority:

Outstanding Excellent Good Fair Poor

12) Please rate the applicant's ability to relate to unbelievers:

Outstanding Excellent Good Fair Poor

13) Please rate the applicant's leadership skills:

Outstanding Excellent Good Fair Poor

14) Please rate the applicant's ability to overcome adversity:

Outstanding Excellent Good Fair Poor

Signature _____ Date _____

Thank you very much for your help in this application.
Please direct all forms to:

The Lost Glory
5 - 9 Surrey Street
Croydon
CR0 1RG
United Kingdom
Fax: 020 8688 6342

THE LOST GLORY

School of Worship & Ministry

Pastor Reference Form

(Confidential)

Dear Pastor,

Greetings from **The Lost Glory School of Worship & Ministry**. Thank you for taking the time to fill out the Pastor's reference forms.

The School is specifically designed for those who have an idea of their calling and destiny in life. They should be committed to personal wholeness and developing intimacy with God. They also need to have potential as leaders in their field. For this reason our application/ reference forms are designed to assist us in determining if this is the right programme for the applicant. All information on this form is confidential.

For further information on the school, please visit our website at www.thelostglory.com.

We are looking forward to hearing from you.

Sincerely,

Graham & Pat Head
School Principals

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School of Worship & Ministry

Pastor Reference Form

(Confidential)

Name of Applicant _____

The above applicant has applied to attend **The Lost Glory School of Worship & Ministry**.

Thank you for taking the time to fill out the reference form. This will help us to evaluate the applicant's suitability for admission.

Please note, your information will NOT be added to our database. This is for evaluating the applicant's suitability only.

Home Church _____ Denomination _____

Pastor's Name _____

Address _____

Phone # _____ Fax # _____

For your information, the following four questions were answered by the applicant. (You need not fill them in.)

Is your Pastor in agreement with your plans? Yes No

How long have you attended this church? _____

How would you describe your relationship with your pastor? _____

1. How long have you known the applicant? (months or years) _____

2. What is your position in the church? (pastor, elder, other) _____

3. How well do you know the applicant? very well well casually

4. Were you aware of the applicant's intention to participate in this training program prior to receiving this form? Yes No (comments) _____

5. Are you happy with his/her intentions?

6. Describe the applicant's involvement since attending your church?

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7. Has he/she shown effectiveness in ministry? If so how? If not why?

8. Does the applicant tithe regularly to the church?

Yes No Unsure

9. Upon your observation, do you see the applicant as financially responsible?

Yes No Unsure

10. In your association with the applicant, what has been the level of commitment you have seen?

Faithful inconsistent other

comments _____

11. This is an evaluation of the applicant's overall characteristics (check one for each)

Responsiveness to others

- slow to sense how others feel
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

Leadership Ability

- leads naturally
- tries but lacks ability
- has some leadership promise
- makes no effort to lead

Physical Condition

- average health
- excellent health
- frequently ill

Willingness to serve

- reluctant to serve
- eager to serve as needed
- co-operative when asked

Intelligence

- average mental ability
- excellent intellectual capacity
- learns and thinks slowly

Teamwork

- insists on having own way
- reasonably cooperative
- works well with others

Relationships

- sought out by others
- liked by others
- tolerated by others

Achievement

- meets average expectation
- starts but does not finish
- takes initiative

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Christian experience

- mild but genuine
- relatively superficial
- rich and growing
- over emotional

Ability to follow

- appropriately submissive
- follows blindly
- cooperative
- resistant to direction

How does the applicant usually react to trying situations? (please check one)

- withdraws
- gets discouraged
- gets angry
- meets constructively
- accepts patiently
- other (please explain)

Evaluation of applicant's emotional maturity. (please check one)

- Outstandingly mature. Has proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

Additional comments: _____

12. Please comment on areas of weakness you might be aware of.

13. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? Yes No If yes, please explain:

14. To your knowledge has the applicant been involved in any of the following areas?

(If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)

Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviors. Yes No

Please check here if you feel that you cannot answer this question in writing. We would be happy to speak with you personally. All answers are confidential.

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15. Please comment on the family background.

16. Overall, what do you consider to be the applicant's strong points? (include special gifts and abilities)

17. What could The Lost Glory School of Worship do to aid the applicant's development?

18. Do you recommend this person for admission to this training program?

Yes No (comments) _____

To the best of my knowledge, the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature _____ Date _____

Thank you very much for your help in this application.
Please direct all forms to:

The Lost Glory
5 - 9 Surrey Street
Croydon
CR0 1RG
United Kingdom
Fax: 020 8688 6342

Section F

Fees

Payment is required as described below. Paying full costs up front is the least expensive way to pay.

Costs if payment received before start of school

OPTIONS

Full Time Residential	£3250
Full Time Non-Residential	£2750
Part Time Non-Residential	£1750

1. All above include a £25 application fee to be sent with your application.
2. 10% deposit of the FULL cost sent once accepted on the school which confirms your place.
3. Remainder to be with The Lost Glory no later than the first day of school unless 'spreading your payment' option taken below.

Spreading your payment

For a small administration fee of £25, you can spread your payments over four months of the school paying an initial lump sum as indicated below.

Full Time Residential

Pay £2175 by or on the first day of school, then pay £250 on the 10th of each month until May.

Full Time Non-Residential

Pay £1725 by or on the first day of school, then pay £250 on the 10th of each month until May.

Part Time Non-Residential

Pay £825 by or on the first day of school, then pay £250 on the 10th of each month until May.

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Example payment schedule for Full Time Residential School

Date (indicated date to be paid by)	Payment
On application	£25
On acceptance (to confirm place)	£325
10 th Feb 2008	£2175
10 th Mar 2008	£250
10 th April 2008	£250
10 th May 2008	£250
TOTAL	£3275

Bank details will be sent to you on your acceptance (enabling direct payment if preferred)

Send ALL application forms to our UK office.

The Lost Glory

5-9 Surrey Street

Croydon

Surrey

CR0 1RG

Application processes:

Your application will be processed upon receipt of your completed application form, fee and three references. This should then take approximately three weeks.