



Training for Learning and Serving
sponsored by the United Reformed Church



TLS COURSE APPLICATION FORM 2009/10

NAME:

Mr/Mrs/Ms/Dr/Revd

ADDRESS:

.....

..... **Postcode**.....

Tel : **E-mail:**

ENTRY REQUIREMENTS

Entry to most TLS courses does not require any previous course to have been taken. However it is helpful if you can indicate any relevant courses completed.

If you are applying for Gateways into Worship it is normally expected you will have completed TLS Foundation or a similar course.

TLS FOUNDATION 'FAITH and WORSHIP' Units completed.....
 'EXPLORING the FAITH' Units completed..... OTHER
 (please supply details)

(continue on separate sheet if necessary)

COURSE TITLE:

Referring to page 2 of the prospectus which Pathway do you wish to follow through TLS

PATHWAY 1 ENRICHING FAITH
 PATHWAY 2 EQUIPPING FOR SERVICE
 PATHWAY 3 EDUCATIONAL AWARD

CHURCH AFFILIATION If you are a member of a local church, please give details.

DENOMINATION:

LOCAL CHURCH:

Minister/Secretary **Synod**.....

Are you a church member in the URC? YES NO

It is important that the local congregation is supportive during the Course. Additionally if you are a member of the United Reformed Church you are entitled to a fee discount of £100. Please therefore consult your church officers before submitting this form and ask one of them to sign below, ticking a box as appropriate.

Application agreed – by Minister/Secretary
 or Elders'/Church Meeting

Signature **Church Role**.....

INVOLVEMENT IN SERVICE AND LEADERSHIP

Please note the main activities you are currently involved in, either in church or in the community, which can be described as roles of service or leadership.

REASON FOR YOUR APPLICATION

Please indicate if you are interested in candidating at some stage for a recognised ministry of the United Reformed Church.

Lay Preacher Church Related Community Worker

Non-Stipendiary Minister Stipendiary Minister

Local Church Leader

Other Ministry (please amplify below)

If you have completed Foundation at University of Wales certificate level – UWB number

This course to be taken at Certificate Diploma level (tick)

Please describe any physical difficulty you have which is relevant to residential weekend accommodation.

Please describe any literacy difficulty you have which is relevant to your participation in the course.

Signature of applicant **date**

The information you have given on this form is essential for the administration of the TLS Programme and will be held on the computers used only by TLS staff. It will not be disclosed for any other purpose. However we would like to be able to disclose you contact details ONLY, for certain purposes related to TLS – e.g. inclusion in our prayer scheme. Will you please signify that you are willing for this to happen by ticking the box.

Your completed and signed application should be sent to:
Mrs Heather Skidmore, TLS Administrator, 27 Yew Tree Road, Elkesley, DN22 8AY
Tel: 01777 838 634 E-mail: tlsskid@btinternet.com

