

IFES Ireland

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Encounter Application

Please note that these questions aim to:

- help you think through the key issues
- provide us with the information we need to help us run summer teams safely and well
- help us select teams which will work well together
- help us explore how applicants will best cope with some of the potentially stressful situations and/or health risks different to those found at home (for teams going to areas where these issues may arise)

Completing and returning this form indicates a definite application to join an IFES Ireland summer team.

*Please print in **BLACK INK**, using additional sheets if required, and complete all sections **LEGIBLY**.*

*Team being applied for: **Encounter***

PERSONAL INFORMATION	
Surname:	
Other Names:	
Preferred Name:	
Date of Birth:	
Sex : Male/Female	
Nationality:	
Home Address:	Term-time address:
Telephone:	Telephone:
Email:	Email:
Mobile:	Mobile:
EMERGENCY CONTACT	
Please give details of whom you would like contacted in case of emergency.	
Contact 1 Name: Relationship to you: Address: Email: Telephone: Mobile:	Contact 2 Name: Relationship to you: Address: Email: Telephone: Mobile:
COURSE DETAILS	
Name of College/University (if in higher education):	
Course title and duration:	
What year of study are you in:	

GIFTS/SKILLS (continued)

Do you speak any foreign languages? If so, to what level?

What contribution do you think you might make to this summer team?

What do you hope to gain personally from this summer team?

LIFESTYLE/HEALTH (These questions are to help us care for you as best we can on the team)

Are you a vegetarian? **YES/NO**

Do you have any other special dietary requirements that we should be aware of? **YES/NO**
If yes, please give details:

Are you in good health? **YES/NO**

Do you have any medical conditions that we should be aware of? **YES/NO**
If yes, please give details:

Do any members of your close family have any serious medical conditions? **YES/NO**
If yes, please give details:

Have you ever received professional counselling or medical treatment for emotional or psychological problems? **YES/NO**
If yes, please give date and details:

Please list any allergies you have:

Please list any phobias you are aware of having:

<p>OTHER INFORMATION</p> <p>How did you hear about IFES Ireland summer teams?</p> <p>Have you ever been on an IFES Ireland summer team before? If so where and when?</p> <p>How do you plan to raise the finances for this team?</p>

<p>STATEMENT OF FAITH</p> <p>Are you in full agreement with the IFES Ireland Statement of faith? (enclosed) YES/NO/UNSURE</p> <p>If there are issues you are unsure about please indicate and we will discuss these with you.</p>

<p>REFEREES</p> <p>Please give the names of two mature Christians to whom we may write for personal references (e.g. pastor / elder / IFES staff). Include one who has known you for at least three years.</p>	
<p>Name:</p> <p>Relationship to you:</p> <p>Address:</p> <p>Postcode:</p> <p>Telephone:</p> <p>Email:</p>	<p>Name:</p> <p>Relationship to you:</p> <p>Address:</p> <p>Postcode:</p> <p>Telephone:</p> <p>Email:</p>

<p>SIGNATURE</p>	
<p>Signed:</p>	<p>Date:</p>

Please send this completed form and attached sheets directly to:

Encounter 2009: 7 Brookfield Avenue, Maynooth, Co Kildare, Ireland

Closing date for application: 8th May 2009

For further enquiries contact lorraine@ifesireland.org or the IFESi office.

<p>FOR OFFICE USE ONLY</p>	
<p>Received:</p> <p>Replied:</p> <p>Dates:</p>	<p>Paid:</p> <p>Arrive:</p>