

Latin Link  
Unit 1, Ravenhill Business Park  
Ravenhill Road  
Belfast  
BT6 8AW  
Phone: 02890 457567  
Email: [ireland@latinlink.org](mailto:ireland@latinlink.org)

# Application for Service (Step)

In conjunction with IFES Ireland



Confidential

**1. Personal information** - Title (Mr  / Mrs  / Miss  / Ms  / Other.....)

Full name (as on passport): .....

Name you prefer to be known by: .....

Permanent address: .....

.....

.....

Telephone:..... Mobile:.....Skype/VoIP:.....

Emails (personal/work/university): .....

Current Address: (if different from above) .....

..... Telephone:.....

Date of birth: \_\_\_/\_\_\_/\_\_\_ Nationality(ies):..... Blood Group:.....

Passport Details: Passport number: ..... Place of issue: .....

Valid from: \_\_\_/\_\_\_/\_\_\_ Valid until: \_\_\_/\_\_\_/\_\_\_

Marital Status: single  married  divorced  separated  widowed

Dates of marriage/divorce etc:.....

Please attach a recent photo of yourself, or email it to [ireland@latinlink.org](mailto:ireland@latinlink.org)

Children's names, dates of birth and nationalities:

Next of kin:  
(If applying as a member of a couple you need to nominate someone who will not be with you abroad)  
Name: ..... Relationship to you:.....  
Address: .....  
.....  
.....  
Telephone: ..... Mobile: ..... Email: .....

## 2. Educational and Work Experience

If you already have a C.V. please include a copy with this application form.

### 2.1 Secondary Education

To what level have you completed your secondary education?.....

### 2.2 Further Education

Please list in date sequence any further education with degrees or diplomas obtained, including any theological or mission training. Continue on additional sheet if necessary.

Dates	Institution	Course	Qualification obtained

### 2.3 Work experience

Please outline any work experience that you have including your present work situation, if applicable.

Dates	Employer	Nature of work

## 3. Christian experience

Briefly describe how and when you became a Christian and how your faith has changed since then:

Have you been baptised?

Yes  No

Name and address of your church: .....

.....

Telephone: ..... Email:..... Church leader's name: .....

Describe what your church is like, including denomination and style: .....

.....

.....

Please give a brief outline of your involvement in your local church and ministry experience:

Please describe any relevant mission experience:

#### 4. Skills and Hobbies

Do you:

Play any musical instruments? ..... What grade(s) have you reached? .....

Play in a worship group/band?  Yes  No

Have experience of drama/mime?  Yes  No

Have a first aid qualification  Yes  No Please give details:.....

Have experience of DIY/building?  Yes  No .....

What are your other hobbies and interests?

.....  
.....

#### 5. Medical and other details

##### 5.1 Physical Health

Do you, or have you, suffered from any of the following: (please tick all relevant boxes)

Diabetes  Asthma  Epilepsy  High blood pressure

Eczema  Glandular fever  Major surgery

Other (please specify): .....

Do you have any allergies? (If so, please list).....

Are you currently receiving any medical treatment or taking prescription drugs? (If so, please specify)

.....

Do you smoke? Yes  No  Are you vegetarian? Yes  No

Do you have any special dietary requirements (please specify)?

.....

##### 5.2 Mental Health

Do you, or have you, suffered from any of the following: (please tick all relevant boxes)

Eating disorder  Alcoholism  Drug Addiction  Depression

Have you ever had professional counselling or psychotherapy? Yes  No

Do you agree to inform Latin Link if your health changes after completing this form? Yes  No

## 6. Placement Details

How did you hear about Latin Link? .....

Why do you want to take part in the Step Programme? .....

.....

.....

State any countries you have visited, indicating length of visit:.....

.....

## 7. Language Skills

Spanish:      None:    Poor:    Average:    Good:    Fluent:    Native speaker:

Portuguese:   None:    Poor:    Average:    Good:    Fluent:    Native speaker:

Other (please specify): .....

## 8. Referees

Please give the names and addresses of two people who we may approach for a character reference. One should be your church leader (or a person in a position of responsibility in your church) and the other, a mature Christian, not a relative, both of whom have known you for at least two years up to the present.

Church Referee: .....

Mature Christian: .....

.....

.....

.....

.....

Position in Church: .....

Relationship to you: .....

Email: .....Tel: .....

Email: .....Tel: .....

## 9. Declaration

If you answer yes to any of the following questions please give full details on a separate sheet. A criminal record will not necessarily be a bar to acceptance; all cases will be considered on an individual basis.

Have you ever been convicted of a criminal offence, placed on probation or discharged absolutely or conditionally for any criminal offence?    Yes    No

Have you had a child removed from your care or placed under local authority supervision?    Yes    No

Do you suffer from any mental illness which might affect your work with children or young people?    Yes    No

**I declare that, to my knowledge, all the information provided is correct, and I agree to this information being shared with the Latin Link leadership of potential receiving countries.**

**I am in agreement with Latin Link's Basis of Faith.**

Signature

Date

**Please complete and return to:  
Latin Link Ireland – Unit 1, Ravenhill Business Park, Ravenhill Road, Belfast BT6 8AW  
by Wednesday 3<sup>rd</sup> March 2010**