



Private and Confidential

Date Rcvd	Ack/Med	Deposit	Ref 1
Med. C	NOK	Ins	Ref 2

Please attach a passport photograph here

ENCOUNTER 2009

'Discover a bigger Jesus'

Please complete in CAPITALS and black ink

<p>Personal information</p> <p>Title: (Mr. Mrs, Miss, Revd, etc) _____</p> <p>Surname: _____</p> <p>Date of birth: _____</p> <p>Place of birth: _____</p>	<p>Christian name(s): _____ (as on passport)</p> <p>First name known by: _____ (if different from above)</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</p> <p>Do you have children? YES / NO</p>	
<p>Permanent Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post code: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Health checks and other important information will be communicated via email. Please indicate that you have good access to the Internet: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Next of Kin (If this person is on the trip with you please provide a third emergency contact with this form.)</p> <p>Name _____</p> <p>Relationship (e.g.sister) _____</p> <p>Address _____</p> <p>_____</p> <p>Tel (Home) _____</p> <p>Tel (Work) _____</p> <p>Mobile _____</p> <p>Email _____</p>	<p>Emergency Contact Someone else CMS can contact in case of emergency</p> <p>Name _____</p> <p>Relationship (e.g. sister) _____</p> <p>Address _____</p> <p>_____</p> <p>Tel (Home) _____</p> <p>Tel (Work) _____</p> <p>Mobile _____</p> <p>Email _____</p>
<p>Current status</p> <p>Occupation/ retired etc:</p> <p>_____</p>		

Referees (All applicants)

(Your referee must not be a relative or someone on your trip. Please provide an alternative in this case.)

(a) Clergy/professional: Please give the name and address of your current vicar/ minister/ pastor. If none please provide a professional reference from a recent employer or similar.

Title (Rev/Mr/Mrs/Ms) _____

Name _____

Address _____

Telephone No. _____

Email: _____

(All applicants)

(b) If (a) has not known you for at least 2 years please also give details of another qualified person who has known you for at least 2 years

Title (Rev/Mr/Mrs/Ms) _____

Name _____

Address _____

Telephone No. _____

Email: _____

General

Please give details of any previous travel experience outside of Western Europe:

Are you a vegetarian? **YES / NO** If yes are you willing to eat meat so as not to offend your hosts? **YES / NO**

Do you have any serious allergies? **YES / NO** If yes please specify _____

Do you have any other dietary requirements? (Please specify) _____

Do you have any current health restrictions or history of physical or psychological health problems? (Please specify)

Are you taking any medication? (Please specify and indicate what for)

Blood Group (if known): _____

Do you speak any other languages? _____ If yes to what level? _____

Declaration

Please tick the boxes to acknowledge and consent to each statement.

I have read and accepted the CMS terms and conditions further indicated below:

I declare that the information in this application form is true and that I am in good health.

I believe that I am /will be in a position to cover the costs of the visit and understand that in the event of withdrawing from the team CMS will be unable to refund monies paid until that point.

If I participate in this tour then I agree to respect the authority of the church/organisation I visit, the leaders of the group, CMS and to abide by any guidelines provided.

I understand that I am responsible for obtaining my own insurance for my trip.

I understand that while CMS will take all reasonable steps to assist participants in any emergency, there will be no legal liability on CMS or its partners or employees for the consequences of events outside their control.

I understand my application may be shared with the CMS team leader and Interhealth.

Signature _____ Date _____

Check list (tick boxes).

I have completed each section of this form I have attached my passport photo

I have enclosed a £250 deposit cheque made payable to the **Church Mission Society**
(Deposits are only returnable if CMS is unable to offer you a place on the trip.)

Please return to **Sarah Truby** CMS, Watlington Road, Oxford, OX4 6BZ



CMS is recognised by Global Connections as operating under the Code of Best Practice in Short Term Mission 2009 and 2010