



STUDENT APPLICATION

Please fill out the following form as specifically and accurately as possible. Should you have any question, please feel free to contact us by sending an email at academy@vie.best

PERSONAL INFORMATION

First name Surname

Address

Town Postcode

State / Province Country

Phone numbers Home : Mobile

Email

Birth date Nationality

What is your first language

Any other language?

If so, which ones

Ability to speak (really good/good/average)

Ability to write

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Do you hold a valid driver's licence (not required)? Yes No

Marital status Single Engaged Married Divorced Widow(er)

Do you have children? Yes No If yes, how many

How would you describe yourself (personality and character)

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.....

.....

What would you consider to be your main three strengths?

1.

2.

3.

What would you consider to be your main three points to improve?

1.

2.

3.

Please explain briefly why you are coming to VIE Academy and what your vision for the future is
(You may write on a separate sheet if you wish)

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.....

Please attach a separate paper (max 300 words) sharing your Christian experience, past and present;
incl. your life before Christ and experiences which have significantly affected your life, etc.

CHURCH AND SPIRITUAL BACKGROUND

Have you accepted Christ as your personal Lord and Saviour? Yes No Not sure

Have you been baptised in water? Yes No If yes, when

Have you personally had an Acts 2:4 experience? Yes No Not sure

Current Church

Denomination City

Member since

Pastor/Leader's name

Youth leader's name (if any)

Pastor/Leader's contact details:

Email Telephone

List the various ministries you are presently involved in (if any)

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How many times a month do you attend church?

Have you ever been on mission trip? If so, describe

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Describe your devotional life (daily time in prayer and Bible reading) over the past six months

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MINISTRY / LIFE GIFTINGS & TALENTS

Public speaking <input type="checkbox"/>	Dance <input type="checkbox"/>	Children's work <input type="checkbox"/>	Teaching <input type="checkbox"/>
Evangelism <input type="checkbox"/>	Youth work <input type="checkbox"/>	Computer skills <input type="checkbox"/>	Worship <input type="checkbox"/>
Prayer <input type="checkbox"/>	Secretarial <input type="checkbox"/>	Administration <input type="checkbox"/>	Graphic design <input type="checkbox"/>
Sound Tech. <input type="checkbox"/>	Video <input type="checkbox"/>	Drama <input type="checkbox"/>	Poetry/writing <input type="checkbox"/>
Singing <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Art <input type="checkbox"/>	Instruments* <input type="checkbox"/>

Others?

*Plays the following instruments

What do you feel is your calling and what are your spiritual gifts?

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.....

What level of French do you have?

HEALTH AND MEDICAL HISTORY

Describe your health Excellent Good Fair Poor

List any allergies

List any physical limitations

Any medication you are using which can affect your studies? Yes No

If so, please explain

Do you smoke? Yes No

Do you use illegal drugs? Yes No

Do you have a problem with alcohol? Yes No

If you answered yes to any of the three above, would you be willing to totally abstain from these for the duration of your time in VIE Academy? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain

TRAINING AND RESSOURCES

Have you already undertaken any biblical studies? If so, please explain

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Please describe any situation you have experienced (or have had in the past two years) that affect your relationships, ability to study or influences any other area of your life (ex. Depression, anxiety attacks, attention deficit disorder, thoughts of suicide, etc.)

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Are you planning to work in the afternoons or days off during your involvement at VIE Academy?

Yes No Please give some details

YOU CERTIFY THAT:

- you want to maintain a life in communion with God through prayer and daily Bible study
- you do not suffer from any particular addiction (drug, pornography, or other)
- you live a biblically pure life in regards to sexuality
- you are doing this training with the conviction that God is calling you to do it
- you are undertaking these studies with the agreement of your close family (particularly your spouse if you are married and your children if applicable)
- you are undertaking these studies in agreement with your pastor/leader
- you accept the conditions of the studies (price, length, service...)

If you are unable to respond positively to any of the above points, please explain why

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.....
.....

Signature Date and place

Please send your application to :

VIE Academy
 Attn Luc Favre
 1, rue des Saules
 74100 Ambilly
 France



RECOMMENDATION FORM TO BE COMPLETED BY THE PASTOR/LEADER

Please give the candidate a recommendation. Please complete all sections of this form and feel free to add an additional page if necessary. If you have any question, please feel free to contact us by sending us an email at academy@vie.best

Section 1 : The referent

Mr / Mrs / Miss / Pastor / Dr (circle the correct title)

Full name

Address

.....

Postcode Town

Country

Telephone

Section 2 : The candidate

Mr / Mrs / Miss (circle the correct title)

Full name

How long have you known the candidate?

How well do you know them?

- Very well Well A little Very little

How would you describe the general character of the candidate?

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How has the candidate been involved with ministry up until this point?

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Has the candidate demonstrated leadership qualities?

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Please describe the candidate general behaviour towards others

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Does the candidate’s family support or encourage their application?

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.....

Do you think that the candidate has a call into ministry?

How would you describe the candidate

	Weak	Sufficient	Good	Excellent
Academic abilities				
Loyalty				
Maturity				
Emotional stability				
Christian engagement				
Leadership				
Personal appearance				
Integrity, honesty				
Ability to work in a group				
Personal discipline				
Financial responsibility				
Calmness				
Good witness				

Please indicate the recommendation that you are giving the candidate:

- strongly recommend
- some hesitation
- recommend
- unable to recommend

Please expand on your choice above

.....

You have spent time discussing this training with the candidate about after VIE Academy and you are both in agreement with this.

Date

Signature

Thank you so send this document to :

VIE Academy
Attn Luc Favre
1, rue des Saules
74100 Ambilly
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