

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			Po	ostcode		
State / Province			Co	ountry		
Phone numbers			N	obile		
Email						
Birth date			N	lationality		
What is your fire	st language					
Any other langu If so, which one	-	to speak (really go	od/good/a	verage)	Ability t	o write
Do you hold a v	alid driver's lice	nce (not required)	? 🛚 Yes	☐ No		
Marital status	☐ Single	☐ Engaged ☐	☐ Married	☐ Divor	rced	☐ Widow(er)
Do you have chi	ildren? 🗖 Yes	☐ No If yes, ho	w many			
How would you	describe yourse	elf (personality and	d character)		
What would you	u consider to be	your main three s	trengths?			
1						
2					•••••	
•						

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)
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 you 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)
How many times a month do you attend church?
Have you ever been on mission trip? If so, describe

Describe your devotional life (daily time in prayer and Bible reading) over the past six months							
MINISTRY / LIFE GII	FTING	S & TALENTS					
Public speaking		Dance		Children's wo	rk 🔲	Teaching	
Evangelism		Youth work		Computer ski	lls 🔲	Worship	
Prayer		Secretarial		Administratio	n 🗖	Graphic design	
Sound Tech.		Video		Drama		Poetry/writing	
Singing		Hospitality		Art		Instruments*	
*Plays the following What do you feel is	g instr	uments					
What level of French do you have?							
HEALTH AND MEDI	CAL H	ISTORY					
Describe your healt	h 🗆	1 Excellent	☐ Good	☐ Fair	☐ Poor		
List any allergies							
List any physical lim	itatio	ns					
7 7 7							
Any medication you are using which can affect your studies?							
If so, please explain							
Do you smoke?	☐ Ye	s 🗖 No					
Do you use illegal d	rugs?	☐ Yes	☐ No				
Do you have a prob	lem w	ith alcohol?	☐ Yes	☐ No			
If you answered yes		•		uld you be willi Yes 🔲 No	-	ly abstain from the	ese for
Have you ever been	Have you ever been convicted of a crime? ☐ Yes ☐ No						
If yes, please explain	n						

TRAINING AND RESSOURCES

Have you already undertaken any bik	olical studies? If so, please explain
· · · · · · · · · · · · · · · · · · ·	ve experienced (or have had in the past two years) that affect influences any other area of your life (ex. Depression, anxiety oughts of suicide, etc.)
Are you planning to work in the after	rnoons or days off during your involvement at VIE Academy?
☐ Yes ☐ No Please give som	ne details
you do not suffer from any p you live a biblically pure life i you are doing this training wi you are undertaking these st spouse if you are married and you are undertaking these st you accept the conditions of	ith the conviction that God is calling you to do it cudies with the agreement of your close family (particularly your
	Date and place
THANK YOU to pay € 300.00 to confir	rm your registration on <u>www.donorbox.org/academy-pmt</u>
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? How has the candidate been involved with ministry up until this point? Has the candidate demonstrated leadership qualities?

Pleas	e describe the candidate ge	eneral behavi	our towa	rds other	·s	
Does	the candidate's family supp	oort or encou	ırage thei	r annlicat	tion?	
Docs	the candidate 3 family supp	JOIL OF CHECK	irage trici	Гаррпса		
Davis		II :t-		•		
ро ус	ou think that the candidate I	ias a cali into	ministry	·	•••••	
How	would you describe the car	didate				
		Weak	Suf	ficient	Good	Excellent
Aca	demic abilities					
Loya	alty					
Mat	urity					
Emc	otional stability					
Chri	stian engagement					
Lead	dership					
Pers	sonal appearance					
Inte	grity, honesty					
Abil	ity to work in a group					
Pers	sonal discipline					
Fina	ncial responsibility					
Caln	nness					
Goo	d witness					
	e indicate the recommenda	ation that you				
	strongly recommend			recomi		1
	some hesitation			unable	to recommer	ıd
Dloac	e expand on your choice at	2010				
ricas	e expand on your choice at		•••••	•••••	•••••	
You h	ave spent time discussing this	s training with	the candi	date abou	ut after VIE Aca	demy and you are both i
agree	ment with this.					
Date			Signati	ıre		
Juic .			Jigilati		•••••	
Thank	you so send this document to	o: VIE A	cademy			
			Luc Favre			
		1, rue	e des Saule	!S		
		7410	0 Ambilly			

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