



## GLOBAL MISSION APPLICATION FORM

Please complete this form honestly and to the best of your knowledge.

SHORT TERM MISSION TRIP	
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### YOUR DETAILS

Mr/Mrs/Miss/Ms/Rev/Other	
Full Name (as per passport)	
Preferred Name	
Full postal address, postcode & country	
Telephone Number HOME	
Telephone Number MOBILE	
Email	
Date of Birth	
Occupation	
Member of Trinity Cheltenham Life Group Leader (We may ask your Leader for a reference)	Yes/No Name:

### PASSPORT DETAILS

Nationality (as per passport eg British)	
Passport Number	
Code of issuing state (as per passport eg GBR)	
Date of Issue	
Expiry Date (Important: You will need at least 6 months left on your passport from date of return)	
Visa Number (to be added at a later date if necessary)	

## MEDICAL DETAILS

<b>Do you have any current medical restrictions/history of physical or psychological health problems? Please specify</b>	
<b>Are you taking any medication? (If yes, please state what this is for)</b>	
<b>Do you have any allergies? If so, do you carry an epipen?</b>	
<b>Any special dietary needs?</b>	
<b>Are you vegetarian? If yes, would you eat meat so not as to offend your hosts?</b>	<b>Yes/No</b>
<b>Do you agree to take responsibility to visit your GP, Practice Nurse or Travel Clinic to ensure that appropriate vaccinations/malaria prevention measures are up-to -date?</b>	<b>Yes/No</b>

## EMERGENCY CONTACT DETAILS

We need you to give details of 2 people that we can contact in case of any emergencies arising. The first one must be a next of kin.

<b>Name of contact</b>	
<b>Relationship to applicant</b>	
<b>Address</b>	
<b>Telephone Number HOME</b>	
<b>Telephone Number MOBILE</b>	
<b>Email</b>	

<b>Name of contact</b>	
<b>Relationship to applicant</b>	
<b>Address</b>	
<b>Telephone Number HOME</b>	
<b>Telephone Number MOBILE</b>	
<b>Email</b>	

## REASONS FOR GOING ON THIS TRIP

Why do you want to go on this overseas team mission?

What is your experience of/or interest in other world cultures?

What would you describe as your strengths and weaknesses?

What do you think you will find most challenging on this particular trip?

To what extent are you happy working in a team environment? Give examples...

Describe your involvement within your LifeGroup (Home Group etc)

How do you maintain and strengthen your spiritual life?

**PLEASE TICK ANY SKILLS OR EXPERIENCE YOU HAVE IN ANY OF THE FOLLOWING:**

MEDICAL EXPERIENCE	IT EXPERTISE	TEFL
ELECTRICAL	BUILDING	PLUMBING
CHILDREN'S WORK	SPORT	DRAMA
PLAY MUSICAL INSTRUMENT	INTERCESSION	ART/CRAFT
LEAD WORSHIP	LEADING BIBLE STUDY	PREACHING
CLASSROOM TEACHER: PRIMARY/SECONDARY SUBJECT(S)		

**PLEASE GIVE FURTHER DETAILS OF ALL OTHER SKILLS AND EXPERIENCE:**

**APPLICANT'S DECLARATION**

I agree that the information on this form is correct to the best of my knowledge. If I am accepted on this team, I agree to follow the 'Team Mission Code of Conduct' and agree to work under the authority of the designated team leader.

By completing and signing this form you are agreeing to Trinity storing and processing this data on your behalf, specifically for this particular trip. You can view our Privacy Statement online at [www.http://trinitycheltenham.com/safeguardingandgovernance/](http://trinitycheltenham.com/safeguardingandgovernance/)

Signature

Date

**PLEASE RETURN TO:**

By email: [globalmission@trinitycheltenham.com](mailto:globalmission@trinitycheltenham.com)

By post:  
Global Mission Coordinator  
100-102 Winchcombe Street  
CHELTENHAM  
GL52 2NW

Telephone: 01242 808773