

# ICPE INSTITUTE FOR WORLD EVANGELISATION SCHOOL APPLICATION FORM

Please answer the questions below and email the completed form to us as soon as possible. Alternatively you can print these pages out and post them to the School you are interested in joining.

The answers to these questions will help us to assess whether or not a Programme like this would be suitable for you, as well as to create a curriculum that would bring maximum benefit to those who attend the Programme.

*(PLEASE PRINT IF WRITING)*

Last name ..... First name .....

Address.....

Tel / Fax.....

E-mail.....

Date of birth ..... Occupation .....

Country of Birth ..... Nationality .....

Marital Status ..... How long have you been married?.....

If married, are your spouse and children planning to take part in the ICPE school?.....

Spouse's name ..... Father's occupation.....

His address.....

Mother's name ..... Mother's occupation.....

Your denominational affiliation .....

Name of your Church / Parish .....

Parish Priest / Pastor's name.....

Are you affiliated with any other Christian group(s) or renewal movements such as Cursillo, Focolare, Charismatic Renewal, home Bible studies etc, and if so, which ones?.....

Group Leader's name.....

Have you ever worked with an interdenominational or ecumenical group before? If so, please state where and when:.....

## GENERAL INFORMATION

1. What kind of an educational background do you have?  
(Secondary School, College, etc..)

.....

2. What languages can you speak? How well do you speak them? Please put appropriate number after each language.  
(1 = fluent, 2 = can converse and understand almost everything, 3 = can hold simple conversation, 4 = very little)

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3. How will your ICPE fees be covered? (i.e. through personal savings, support from parents, etc...)

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4. What are you planning to do after completion of the ICPE School?

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5. Do you have any special abilities or talents that could be utilised during the ICPE School? (Eg. cooking, maintenance work, office work, artwork, nursing/first aid, carpentry, electrical work, sewing etc...) Please state them:

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6. Do your parents support your decision to attend the ICPE School?

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7. Is there anything about yourself that you would like us to know?

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8. Whom to contact in case of emergency or death:

Name.....

Address .....

..... Tel no .....

9. Do you suffer from any sickness? Yes  No

If yes, please describe.

Are you under any medication? Yes  No

10. If God so leads, are you available to serve as a future ICPE staff member during other ICPE Programmes with a possibility of further training?

Yes  No

**(Please answer Questions 1 to 8 in detail on a separate sheet)**

1. Have you ever consciously committed your life to the Lord?
2. Describe how and when.
3. Describe your present walk with the Lord.
4. Describe a few important events which made an impact on your spiritual life.
5. Why do you want to attend the ICPE School and what would you like to see happen in your life during the programme?
6. Do you have experience in Christian leadership of any kind? If so, please give details.
7. Describe your relationship to your parents.
8. Describe your relationship to the opposite sex.
9. Please indicate your strengths / weaknesses in the following areas:

	(Low)	1	2	3	4	5	(High)
Self discipline . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self confidence . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness to learn new things . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tactfulness . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perseverance . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work through personal conflicts . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle discouragement . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle pressure . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle anxiety, worry . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consistency between words and actions . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability . . . . .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*If you wish to expand on any of the above please do so in the space provided:*

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Please print out the “**Confidential Reference Form**” twice, and give one copy to your spiritual director / leader and another to a Christian friend who knows you well. Kindly state their names, addresses and their relationship to you below:

1. ....  
.....  
.....

2. ....  
.....  
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There is an application fee, which is part of the complete school fee. Please contact the respective ICPE Mission Centre for information regarding application fees, methods of payment and closing dates. More information about the cost of the different schools can be found on the **ICPE SCHOOLS** webpage.

Kindly send this completed application form, together with a passport size photo and the application fee, to the address of the School you wish to attend. If you are emailing your application please post us your photo and *application fee*.

Date ..... Signature.....

**Please note:** Due to a number of factors such as accommodation, ratio of men to women etc.. we cannot always assure that every applicant will be accepted. We will consider your application once we have received your completed application form, both reference forms as well as the application fee, which is non-refundable unless we are unable to accept you.

Thank you for your cooperation. We look forward to hearing from you

# **CONFIDENTIAL REFERENCE FORM**

**Dear Sir / Madam**

The person mentioned below has applied to take part in a School of Evangelisation with the ICPE Institute for World Evangelisation. The ICPE is a Catholic lay missionary organisation with the goal of world evangelisation. The ICPE started in Malta in 1985, and now operates from four different centres around the world. It conducts outreaches in numerous countries worldwide, and is dedicated to the training and formation of Catholics in particular, so that they may become more effective evangelists. Through evangelisation, discipleship, community building and mercy work, the ICPE pursues its purpose of training, formation, serving the Church and affecting the world for Christ.

It would be extremely helpful for us to know something about the applicant's character and relationship with the Lord before the Programme begins. This helps us both to assess whether or not a programme like this would be suitable for the applicant, as well as to create a curriculum that would bring maximum benefit to the participants. Therefore can we please ask you to answer the following questions? Serious consideration will be given to your comments and we ask you to fill in this form with care. When completed, please mail the form to the School the applicant intends to attend.

**We thank you for your help**

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**Name of applicant:**

1. How long have you known the applicant? .....

What is your relationship with him / her? .....

How well would you say you know the applicant?

Very well ..... Well ..... Not well ..... Very little .....

2. Does the applicant have the ability to make decisions and to follow them through?

Yes ..... No ..... If not please comment.

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3. How does the applicant respond to authority?

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4. Can the applicant take responsibility and demonstrate leadership? Please give examples

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5. To your knowledge, how does the applicant respond under difficult circumstances?

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6. Please comment on the applicant's:

a) sensitivity to the needs, feelings and attitudes of others: .....

.....  
b) ability to work with others .....

.....

7. What degree of confidence would you give this applicant in: (low) 1 2 3 4 5 (high)  
one on one ministry ..... leadership position .....

Please Comment: .....  
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8. Are you aware of any outstanding gifts or abilities in the applicant?

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9. In your knowledge is the applicant physically healthy and strong? Are you aware that he / she suffers from any long-term illness or handicap needing medication? Please comment if necessary.

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10. Are you aware of any instances of mental or emotional illness or difficulty which the applicant or members of his / her family have had? If yes, please explain.

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11. To your knowledge, has the applicant ever used illegal drugs? If yes, please explain.

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12. Do you have any reason to question the applicant's moral character? If yes, please explain.

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13. Do you have any reservations concerning the financial status (indebtedness) of the applicant? Please explain.

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14. Is there any indication that the applicant's decision to apply for an ICPE school has been significantly influenced by:

- a) an unrealistic appraisal of what is involved in ministry? Yes ..... No .....
- b) a desire to avoid personal, family or vocational situations? Yes ..... No .....

Please comment further if necessary: .....  
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.....  
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15. Please comment on the applicant's understanding of, and adherence to, the Catholic Church's teachings and traditions.

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16. Are you aware that the applicant has any sexually related problems, eg. homosexual tendencies, etc... ?

If yes, please explain: .....

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17. Please indicate the strengths / weaknesses of the applicant with reference to the following:

	(Low)	1	2	3	4	5	(High)
Self discipline .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self confidence .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness to learn new things .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tactfulness .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perseverance .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work through personal conflicts .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle discouragement .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle pressure .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to handle anxiety, worry .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consistency between words and actions .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***If you wish to expand on any of the above, please use the space provided.***

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	(Low)	1	2	3	4	5	(High)
Moodiness .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Irritability .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Argumentative manner .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procrastination .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domineering manner .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disordered eating (eg. anorexia, bulimia..) .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical attitude .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Over-dependent relationship .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***If you wish to expand on any of the above, please use the space provided:***

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19. Please describe briefly the applicant's maturity?

.....  
 .....

20. How would you describe the applicant's knowledge of Scripture?

.....  
 .....

21. Please comment on the applicant's ability to share his / her faith

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 .....

22. Does the applicant have a good awareness of his / her own strengths and weaknesses and an accurate self-assessment?

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 .....

Any other comments you would like to add:

.....  
 .....  
 .....

**Name of Referee:** .....

**Address:** .....  
 .....  
 .....

**Phone:** ..... **Fax:** ..... **Email Address:** .....

**Signature:** .....

***Thank you for your assistance***