

**2024/25 Course Application Form**

**Please send your completed form via email to** **info@swsow.org.uk**

| **First Name** |  |
| --- | --- |
| **Last Name** |  |
| **Date of birth** |  |
| **Email** |  |
| **Phone** |  |
| **Address** |  |
| **Church you currently attend?** |  |
| **Please indicate in what capacity you serve in worship?** | I am a church leaderI am leading a worship teamI am a worship leaderI am a singerI am a musicianI am an aspiring worship leader*[Please delete those not appropriate]* |
| **Provide a brief summary of how you became a Christian. What led you to really live for God and how did that experience change your life?** |  |
| **How would you currently describe your walk with God?** |  |
| **How do you feel you will benefit from training at the School of Worship?** |  |
| **What areas do you hope to increase your skills and knowledge?** |  |
| **It is helpful for us to know a little more about the worship team in which you currently serve. Please give us a general description of the team/worship setting e.g.** **size of the team/how often you are involved/range of instruments.** |  |
| **Have you undertaken any previous worship related training? If yes, please give further details opposite.** |  |
| Please provide the details for your senior church leader who will act as a referee for your application to the School of Worship. We will contact them directly once we have received your application. |
| **Referee Name** |  |
| **Referee Email** |  |
| **Referee Telephone Number** |  |
| All personal data provided on this form will be stored securely by the School of Worship and not shared with any third parties. You may request a copy of data held on file or request its removal at any time. |