**Section 1: Applicant’s details (Young Person)**

**Part A: Personal Details**

Name:

Date of Birth:

Age on Feb 1st 2022:

Home address:

Email:

Phone number/ mobile:

Contact address (if different from the address above):

Will you be in full-time education during the academic year 2021/22? Yes No

What other regular commitments do you have each week (Eg: football training, music lessons, other work, volunteering):

**Part B: Details of Parent or Carer (if the young person is under 18)**

**Contact 1** Name:

Address (if different from above):

Telephone Number(s):

Mobile Number(s):

Email:

**Contact 2** Name:

Address (if different from above):

Telephone Number(s):

Mobile Number(s):

Email:

**Part C: Church Connection**

For your project to be a success, you will need the support (practical and financial) of your local church. We will talk to your Minister or Elder and the people who will be your support team.

Your Church Name:

Church Address:

Name of the Minister or Elder in Pastoral Charge:

**Part D: Tell Us About Yourself**

How did you find out about the Mission Apprentice scheme?

Please describe your involvement with your church at the moment:

Can you describe an experience or activity that has helped your faith to grow?

Briefly describe your project and what you hope it will achieve:

What do you enjoy, or are good at, that will help you to complete this project?

How do you think you might personally benefit from this project?

How do you think the wider church might benefit?

Are there particular things you will need to be able to make your project happen?

Are you available and willing to attend 2 days with other young people on the project?

(these meetings and events may happen online, depending on the current restrictions in place)

**Section 2: Project Details (Completed by the Church Minister/Elder with the Young Person)**

**Part A: Project Details**

**Name of Project:**

**Please provide a brief description of the project (including your aims and any other partners):**

**Please explain where the young person will be working and the activities they will be involved in:**

**How many hours a week will this involve (1 – 3hrs)?**

**In what way do you feel this project helps the mission of your church?**

**When was your church’s Safeguarding Policy last updated?**

**How would you describe the young person’s faith?**

**What gifts can you identify in the young person?**

**How might this project benefit the young person?**

**Part B: Church Support Team**

*Each young person must have a local Church Support team, to include the Minister or Elder and a Project Enabler. See the application pack for details of what the role of a project enabler will require.*

*A Spiritual Mentor will also be part of the team but it is not necessary to identify this person at this stage (this should be done in consultation with the young person if they are given a place).*

*Please provide contact details for the Minister/Elder and Project Enabler below.*

**Minister or Elder with Oversight of the Project:**

Name:

Address:

Telephone No:

Mobile No:

Email:

**Project Enabler:**

Name:

Address:

Telephone No:

Mobile No:

Email:

**Part C: Application Checklist**

**Please ensure that all those involved with this project are aware of the responsibilities they are undertaking before sending in this form, including a conversation with the parents/carers for the young person.**

|  |  |
| --- | --- |
| **Young Person**  | **Please Tick** |
| I have read and agree with all the information on this form |  |
| I agree to the Yorkshire Synod storing my personal data for use in this project |  |
| I am available to attend the Induction Day on …… |  |
| **Name:** |
| **Signed:** |

|  |  |
| --- | --- |
| **Parent or Carer (To be completed if the Applicant is Under 18)** | **Please Tick** |
| I understand and agree to the commitment my child is undertaking for this project: |  |
| To work an average .… hours per week for …………………… Church |  |
| To attend the Induction Day and residentials |  |
| To have regular meetings with the Church support team |  |
| **Name:** |
| **Relationship to Young Person:** |
| **Signed:** |

|  |  |
| --- | --- |
| **Project Enabler**  | **Please Tick** |
| I have read and agree with all the information on this form |  |
| I agree to the Yorkshire Synod storing my personal data for use in this project |  |
| I agree to fulfilling the role of Project Enabler |  |
| I am available to attend the Induction Day on ………….  |  |
| **Name:** |
| **Signed:** |

|  |  |
| --- | --- |
| **Minister or Senior Elder**  | **Please Tick** |
| I have read and agree with all the information on this form |  |
| I agree to encourage and support those involved in this project and encourage the church to do the same. |  |
| **Name:** |
| **Signed:** |

|  |  |
| --- | --- |
| The Church Meeting of …………………………..……………. Church,agreed to support this project on ………………….. (date) |  |
| **Signed (on behalf of the Church Meeting):** |

FOR OFFICE USE:

|  |  |  |
| --- | --- | --- |
|  | Initials | Date |
| Application Received |  |  |
| Church Safeguarding Policy up to date |  |  |
| Children and Youth Team happy to proceed |  |  |
| Finance Committee happy to proceed |  |  |
| Application agreed |  |  |
|  |  |  |
| Additional Notes |  |  |