**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| First Name: | : | Father’s name: | : |
| Last Name: | : | Address: | : |
| Date of Birth: | : | City: | : |
| Age: | : | County: | : |
| Sex: | : | Postcode: | : |
| Address: | : | Mobile: | : |
| City | : | Home Phone: | : |
| County | : | Mother’s name: | : |
| Postcode | : | Address: | : |
| Mobile | : | City: | : |
| Home Phone | : | County: | : |
| Email: | : | Postcode: | : |
| Current Employment | ; | Mobile: | : |
| Position: | : | Home Phone: | : |

|  |
| --- |
| **Education**  |
| *Please fill in all that apply. Please use separate paper if needed:* |
| School for GCSEs: Years: |
|  |
| I received the following GCSE’s (including grades): |
|  |
| School for A-levels: Years: |
| I received the following A Level’s (or equivalent): |
|  |
| University: Years: |
| I completed the following Degree: |
| Additional Education: |
|  |
| **Catholic/Spiritual Formation** |
| I have been baptised: Y / N I was baptised on: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have been confirmed in the Catholic Church: Y / N. I was confirmed on: \_\_\_\_\_\_\_\_\_\_ |
| During the last year, how often have you attended Sunday Mass and on Holy Days: \_\_\_\_\_\_\_\_\_\_\_\_ |
| I converted to Catholicism at the age of \_\_\_\_ from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faith.  |
| I participated in my parish youth programme: Y / N |
|  |
| **Personal life and faith:** |
| 1.     Briefly describe how and when it was that you came to know Jesus in a more personal way. |
| 2.     Give solid examples of how your life has changed through your relationship with Jesus. |
| 3.     At this time, what are some of the areas of your life that the Lord is still working on? |
| 4.     Describe your prayer life. |
| 5.     Describe three strengths you have in relating positively with others. |
| 6.     Describe three weaknesses you have in relating with others.  |
| 7.     At this time, what do you most enjoy about life? |
| 8.     At this time, what are your greatest struggles in life?  |
| 9.     Name one person, other than a parent, who has inspired your faith. Explain. |
| 10.  Other than church-related activities, what are your hobbies and interests? |
| 11.  Do you play any musical instruments or have experience with singing and choirs?  |
| 12.  Why are you applying to Project 99? |
| 13.  What might you consider doing after this Mission experience? |
|  |
| **Family** |
| 1.     What does your family think about you applying to Project 99? |
| 2.     Briefly describe your immediate family. |
| 3.     Briefly describe your relationship with each member of your parents. |
| 4.     What about your family do you most appreciate? |
| 5.     What about your family do you struggle with most? |
| 6.     What part does God and prayer play in your family life? |
|  |
| **Health** |
| 1.     Please describe your overall health. |
| 2.     Describe any health concerns or conditions of which we should be made aware. |
|  |
| **Catholicism** |
| 1.     What do you value most about your Catholic faith? |
| 2.     What teachings of the Catholic Church do you find most difficult to embrace? |
| 3.     How has the Catholic Church made an impact on your life? Please explain. |
| 4.     What are some things you would like to learn about your Catholic faith? |
|  |
| **Mission commitment**  |
| 1.     How do you feel about fundraising and gathering a team of mission partners? |
| 2.     The Project 99 is normally an 11-month commitment. How do you feel about this? |
| 3.     How many hours a day on average do you spend:  |
| * Listening to music:
 |
| * On the computer:
 |
| * On the phone:
 |
| How do you feel about going days at a time without these? |
| 5. Is there anything else you believe we should know and take into consideration?  |
|  |
| **Additional issues:** |
| **Rehabilitation of Offenders Act** |
| Because Project 99's Mission work involves contact with children and young people both in and outside a school community setting. |
| Applicants will be required to submit to police checks and the Disclosure and Baring Service, as part of a routine procedure designed to meet Project 99's and Local Education Authority requirements. |
| **Have you ever been convicted of any criminal offence? Yes \_\_ No \_\_ *(see note below)*** |
| Project 99, as an agency working with children and young people, is exempt from the UK Rehabilitation of Offenders Act (1974). |
| Therefore, applicants must declare all previous convictions. Police record checks can be made by Project 99 to verify information.  |
| **NOTE: If Yes,** please specify date of conviction, court, nature of offence and sentence imposed. |
|  |

**References**

We will ask your church for a reference. Please also supply the name of a second referee:

|  |  |
| --- | --- |
| **Parish Priest referee** | **2nd referee** |
| Name:  | Name:  |
| Address: | Address  |
| Post Code: | Post Code: |
| Home No: | Home No: |
| Mobile No: | Mobile No: |
| Email: | Email: |

“I declare that all information given on this form is true and correct, to the best of my knowledge. I grant permission to Project 99 to contact all parties that it deems necessary to verify accuracy of the information given.”

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian *(if under 18 at time of application)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to:***

Project 99 Co-Ordinator

Salisbury Catholic Churches

95 Exeter Street

Salisbury

SP1 2SF or email to: youth@salisburycatholics.org