



LIVE. LEARN. LOVE.



Application Instructions

Please complete the application form by doing the following steps:

1. Print this application form
2. Fill it out in black ink
3. Post it and include the following:
 - The deposit
 - Two reference forms
 - A photograph of yourself

Send it to the location to which you are applying.

The Vision Course – Guildford, UK

Postal Address:

24-7 Prayer
Allen House Pavilion
Eastgate Gardens
Guildford,
Surrey, UK
GU1 4AZ

Contact Person: Hannah McVeigh
hannah.mcveigh@24-7prayer.com
Tel: 01483 306627

The Vision Course – Kansas City, Missouri – USA

Postal Address:

Vision Course KC
3829 Main Street, Unit 2
Kansas City, MO
64111

Contact Person: Rachel Wegner
VisionCourseKC@24-7prayer.us
www.visioncoursekc.com

***US applications are for a full 9-month
2015-16 term (September 1, 2015 – June
1, 2016) and are due by July 1, 2015.***

Deposit

A deposit is due before the application can be processed.

£50 sterling (UK)* – make cheques payable to “24-7 Prayer”

\$50 USD (US) – make checks payable to “KC Boiler Room” with “VC Application” in the memo line (the US deposit is non-refundable)

If applying from outside the UK or USA, please email us for advice on suitable ways to pay your deposit.

***UK Only:** If accepted to The Vision Course, the deposit is non-refundable but will be allocated towards your fees. If, for any reason you are not able to attend, we will refund your deposit in full. (See Application Statement for further details)

Reference Forms

Two reference forms must be filled out and sent along with your application. In order to maintain confidentiality, they will be instructed to return them to you in a sealed envelope.

Photograph

Please attach a recent photograph to the front of your form – that'll give us a name with a face and be able to pray for you more effectively.

Filling out the Application

Please fill in the information on this form as fully and as honestly as possible. We aren't testing you to see if you are "good enough" for the course. Instead, we want to understand who you are and discover how we can serve you better. We are aware that some of the questions are very personal and want to assure you that all information will be treated with respect and confidentiality.

If you have any questions please inquire with the contact listed for your respective location.



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Application

Personal Details

Full Name _____ M ___ F ___

Preferred Name _____

Date of Birth (dd/mm/yy) _____ / _____ / _____ Age _____

Nationality _____

Languages Spoken _____

Address _____

Post/zip code _____

Country of Residence _____

Home Phone Number _____

Work/Mobile Number _____

Email Address _____

Marital Status _____

General Information

Education level completed _____ Date of completion _____

Qualifications Received _____

What is your current occupation? _____ Position _____

Give brief details of your employment history.*

Do you have a Criminal Record?* _____ If yes, please give details

*Before starting the course, all students from the UK will be required to have criminal background checks done. Information on how to obtain this will be available upon acceptance to the course.

Do you have any learning difficulties (i.e. dyslexia) _____

How does the condition affect the way you learn?

Do you hold a current driving license? _____ From which country? _____

Do you have a vehicle that you could use for the duration of the Vision Course? (Please describe)

How did you hear about The Vision Course?

If applying for the UK Course, and you are a non-resident, have you ever spent any time in the UK before? (Please give details.)

If applying for the USA Course, and you are a non-resident, have you ever spent any time in the USA before? (Please give details.)

Background and Experience

Briefly explain how you became a follower of Jesus and what your subsequent experience has been.*

*Use back of page if needed.

What is your Denominational Background?

Have you been involved with 24-7 Prayer in any way before?

Have you ever done a similar training course to The Vision Course?

Why do you want to do The Vision Course?

Do you have any previous mission or leadership experience?

What are your main interests and hobbies?

What would you say are your gifts and skills?

Describe your three greatest strengths.

What is your favorite thing about yourself?

Describe your three greatest weaknesses.

What is your family background? (What was your situation like growing up?)

How does your family feel about you doing The Vision Course?

Finances

What is your current source of income?

How do you intend to pay for your course fees?

How much have do you have so far?

Do you have any other outstanding financial commitments?

If so, how do you expect to fulfill them?

Health

Are you physically fit? (Please describe.)

Do you suffer from epilepsy, asthma, back problems or other chronic illness?

Do you have and serious heart, lung or kidney problems?

Have you had any major illness in the last three years?

Are you allergic to any drugs/foods?

Do you have any physical disabilities?

Women only: Are you pregnant?

Name and Phone number of your Doctor. _____

Family contact information, in case of emergency.

Name _____

Relationship to you _____

Phone number _____

Email _____

Have you had any emotional/anxiety problems that have required psychiatric help?

If so, please provide details below.

Year(s) _____

Caregiver(s) _____

Identified problem(s) _____

Do you currently have, or have you ever had, thoughts of harming yourself or others?

If so, please describe.

Are you currently, or have you ever, taken medication related to psychological problems?

If so, please describe your treatment methods and medications.

Are you currently on any medications?

If so, please fill out the following medication disclosure.

MEDICATION DISCLOSURE

The 24-7 Academy/Vision Course KC requires that, for the duration of any program enrollment, attendees maintain their prescribed regimen of medication unless directed to change under the supervision of a physician.

Medication name _____

Regimen or dates for duration of treatment _____

Physician's name and phone _____

I, _____ (printed name) agree to continue with the aforementioned medications throughout my time at the **Vision Course** as prescribed by my physician. I realize that failure to maintain or manage my medications, as prescribed by my physician, will be grounds for my immediate dismissal.

Signature and Date _____



References

Please send the attached two forms to your chosen references, who will then complete them and give them back to you in a sealed envelope. In case we need to contact them, please provide their details below.

Pastoral Reference

Name _____

Name and Address of Church _____

Postal/Zip Code _____

Phone Number _____

Email _____

Personal Reference

Name _____

Relationship to you _____

Address _____

Postal/Zip Code _____

Phone Number _____

Email _____

Lastly

Do you have any questions for us?



Application Statement

Please read the following carefully before ticking the boxes. In signing the statement at the bottom you are legally binding yourself to the statements made. If these statements are broken, 24-7 Academy reserves the right to discontinue a person's place on the course.

In applying to join 24-7 Academy's The Vision Course, I understand that (Please tick):

- ☐ If applying for the UK – The deposit of £50 (UK) is non-refundable. The only exception is if 24-7 Academy is unable to offer me a place, in which case the deposit will be refunded in full. This does not include withdrawal of the application.
- ☐ If applying for the US – The \$50 (US) is non-refundable.
- ☐ I will be expected to abide by the 24-7 Academy/Vision Course/Vision Course KC principles and am happy to be submitted and accountable to the team and other church leaders in each location.
- ☐ I will pay the full tuition fees by the due dates. (Failure to do so may result in dismissal from the Vision Course programme).
- ☐ The 24-7 Academy/Vision Course KC reserves the right to dismiss any student from the course at any time and at their own expense should such disciplinary action be required.

I accept these conditions and declare that I have completed the above form to the best of my knowledge.

Signed _____ Date _____

Thanks for your interest in applying to the Vision Course. We will prayerfully consider your request and get back to you with our decision.

The 24-7 Academy – International Vision Course Team



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Application Process Check List:

I have:

- ☐ Completed every question on the application form
- ☐ Attached my deposit
- ☐ Attached a recent photo
- ☐ Included 2 completed reference forms from my references

When all the boxes are ticked, send all the above to:

The Vision Course – Guildford, UK

Postal Address:

24-7 Prayer
Allen House Pavilion
Eastgate Gardens
Guildford, Surrey,
UK GU1 4AZ

Contact Person: Hannah McVeigh
hannah.mcveigh@24-7prayer.com
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Vision Course KC
3829 Main Street, Suite 2
Kansas City, MO 64111

Contact Person: Rachel Wegner
VisionCourseKC@24-7prayer.us

What happens next?

Once we have received your application, we will send you an email or give you a ring to say we have it. Our prayers are with you as you seek the Father for what He has next for you.

A note for UK applicants only: If you are in the UK, you will then be invited to an interview day. If that is not convenient for affordable, we will schedule a Skype video call. On this day you will hear more about The Vision Course, be given a short interview and have the opportunity to ask us any questions you have about the course. Shortly after this we will inform you of our decision as to whether you've been accepted to the course or not. If you are outside the UK, we will contact you to arrange a time to do a Skype or phone interview and we will let you know whether you have been accepted onto the course a little while later.