



ECUMENICAL NETWORK FOR YOUTH ACTION APPLICATION FORM

PLEASE RETURN REGISTRATION FORM AS SOON AS POSSIBLE TO:
 ENYA DIPLOMA PROGRAMMES
 U NÁS 9, CZ - 147 00 PRAGUE 4, CZECH REPUBLIC
 TELEPHONE/FAX: 420 2 4727390
 E-mail: diploma@enyanet.org Website: www.enyaorg.cz



DIPLOMA PROGRAMME YOU ARE APPLYING FOR:

Name		Dates	
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Only completed forms will be considered. please use block letters or a typewriter. Please fill in a form for each event.

First Name		Last Name	
Street Address			
CC	Town or City + Code		Country
Home Telephone : Country Code / City code / number		Work Telephone : Country Code / City code / number	
FAX: Country Code / City code / number		e - mail: / www.	
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth : Month / Day / Year	Age <input type="text"/> Church or Faith Aff. <input type="text"/>

DO YOUR REQUIRE A VISA ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Issue	
	Date of Issue: Month / Day / Year	
Passport: Country / Number	Date of Expiry: Month / Day / Year	

LANGUAGE SKILLS (in order of proficiency)	Level of Proficiency		
1			
2			
3			
4			
	Fluent	Conversational	A little

PREVIOUS ECUMENICAL EXPERIENCE	Previous experience	Yes	No
1			
2			
3			
4			
Name of Event and THEME	Country	Year	

CURRENT OCCUPATION		
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unemployed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation (s)	Subject Areas or faculty	No. of years <input type="text"/>

PLEASE COMPLETE THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER:

Please fill in all of the following questions.

1. Are you a member of a Church, network, organisation, initiative or diaconial project. If so, which one(s)? If unknown to ENYA please send information as possible about your organisation.
2. Previous experience (if any) in the selected diploma field area.
3. What is your current involvement in your Church, organisation or project (responsibilities)?
4. List other current and previous involvements (Church/Faith affiliation related organisations, volunteering work, etc.).
5. What would be your hopes and expectations from the Diploma Course? What would you hope most to learn during the two year period?
6. What abilities, special knowledge/experiences, or workshops could you share within the Diploma Course?
7. What previous training courses have you attended (including language courses)?
8. Are you in concurrence with the aims and goals of ENYA?
9. How would you describe yourself?
10. Where do you hope to be in 5 years from now future plans in terms of life, work and travels?
11. How would you describe your training needs?
12. What are your hobbies and interests?
13. Do you have regular access to 1) a computer and/or 2) e-mail and Internet?
14. What might be a barrier to your undertaking the course (any worries)?
15. Detail your previous educational and employment experience.
16. Any other comments or special needs?

Please send along with your application two character references one from a friend and one who has experience of you in a work, educational or project setting.

INFORMATION FOR FINANCE COMMITTEE

Total monthly salary (ies) or gover benefits

Number of dependents

Monthly student grant/parental benefits

Current Accommodation: With family Student hostel Rented / parish accom Own house

Additional Comments (Special needs, diet, medications, hopes, etc.):

DATE:	<input type="text"/>	SIGNATURE:	<input type="text"/>
OFFICE:	Date rec <input type="text"/> / 2001	ID <input type="text"/> WI <input type="text"/>	Date Reply <input type="text"/> / 2001
		ACC/REJ	<input type="text"/>