**CHURCH PLANTING AND MINISTRY ACCELERATOR PROGRAM**

**APPLICATION FORM**

Please complete this form and email it to: cpmap@apcwo.org . Thank you.

**APC BIBLE COLLEGE GRADUATES**

*This section is to be answered by the Main Applicant only.*

Have you been trained at APC Bible College (Yes/No):

If “Yes”, how many years of training have you completed at APC Bible College:

If “Yes”, which years, did you do your training at APC Bible College:

Have you received your B.Th. degree from APC Bible College (Yes/No):

If “Yes”, which year did you receive your B.Th. from APC Bible College:

**Have you carefully read the “Church Planting and Ministry Accelerator Program Information” PDF document and are you in:**

Agreement with APC’s Statement of Faith.

Agreement with Personal Integrity and Code of Conduct statement.

Agreement with Financial Integrity statement.

Agreement with Kingdom Mindset and Kingdom Relationships statement.

Agreement with Accountability and Stewardship statement.

 **(Yes/No):**

**MAIN APPLICANT INFORMATION**

First Name:

Middle Name (if any):

Last Name:

Mobile Number:

Alternate Mobile Number (if any):

Email Id:

Home Address:

Date of Birth (e.g. 26 November 1998):

Family:

Please indicate if you are married, and if you have children. Please provide the full-name, and age of your spouse and children. If your spouse will be one of the Church Planting Team Members, please enter their details as one of the Team Members in this document.

**EDUCATIONAL BACKGROUND**

(Please list all degrees/certificates completed, name of institution and year of completion):

**SUMMARY OF PROFESSIONAL WORK EXPERIENCE**

(Please add additional rows if required)

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| --- | --- | --- |
| **Start****Month/Year** | **End****Month/Year** | **Organization Name, City, and work summary** |
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**SUMMARY OF MINISTRY EXPERIENCE (VOLUNTEER OR PAID)**

(Please add additional rows if required)

|  |  |  |
| --- | --- | --- |
| **Start****Month/Year** | **End****Month/Year** | **Organization Name, City, and work summary** |
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**PREVIOUS MINISTRY EXPERIENCE/EXPOSURE (VOLUNTEER OR PAID)**

(Please give a brief of any previous experience/exposure to Christian ministry, as applicable)

**PRIMARY AREAS OF MINISTRY GIFTS AND CALLING**

(Please give a brief of your main ministry gifts and calling)

**CURRENT CHURCH (IF APPLICABLE)**

Church Name:

Church Address:

Pastor’s Full Name:

Pastor’s Mobile:

Pastor’s Email:

**STRATEGY ASSESSMENT**

Name of place (city, town, village) where you intend doing ministry:

Name of district:

State:

Country:

**Survey Information**

Please share your heart for the place where you intend to do ministry. Why is this place and the people important to you? How do you know you are called and sent to this place and people?

Challenges faced by people in the city/place that you intend addressing:

Education of people in the city/place (Distribution of educational institutions):

Major industries (Industrial hubs, Unemployment):

Current status of Christian work in the city/place (other churches, Christian ministries, etc.):

What is your target audience/demographics – the people you will primarily target?

How do you plan to go about the ministry work (organization, strategy, activities)?

**Ministry launch expenses.**

Please provide a cost estimate/budget (based on current costs) on financial requirements to launch the ministry:

(Please add additional rows as required to the table. Please indicate currency.)

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| --- | --- |
| **DESCRIPTION** | **COST** |
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| **TOTAL ESTIMATED COST** |  |

**Monthly personal expenses.**

What will be the monthly financial requirement for personal living expenses for you and the team once for doing ministry work in this place?

(Please add additional rows as required to the table. Please indicate currency.)

|  |  |
| --- | --- |
| **DESCRIPTION** | **COST** |
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| **TOTAL ESTIMATED COST** |  |

What would be the name of church/ministry (if already decided)?

Is this already registered as a religious trust/organization? If “Yes” please provide details (Registered name of trust/organization, city where registered, date of registration).

Would you like to plant an APC Church (the church plant will be called by the name of the place, example, a church plant in the city of Allahabad would be called “All Peoples Church – Allahabad”) or would you like to plant a church independently?

Are you willing to function under the spiritual oversight and leadership of APC? (Yes/No)

*Please note: At any point. if you no longer desire to be under the spiritual oversight and leadership of APC, you are free to do so, by informing APC in writing (e.g. via an email).*

**OTHER MEMBERS OF CHURCH PLANTING TEAM (IF APPLICABLE)**

Please provide a brief of other members of the Team.

Full names, spiritual, educational and ministry background.