

Section 1: Type of Application

This application form is for those applying for association with Avail. Please note that those in both types of association described below do not benefit from all our services. We suggest before completing this form that you visit www.availmission.com/about-us

Type of application:

1. As an independent mission worker overseas who does not want full involvement with us. Yes No

Please explain why you are applying as an independent mission worker.....
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2. As someone already working overseas and registered with another mission. Yes No

Please tell us which mission you are presently registered with and why you are applying to Avail.....
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Section 2a: Personal Details

Surname

Given Names

Gender Date of Birth

Place of Birth

Postal Address

Phone No.

Mobile No.

Email

Skype

Nationality Passport No.

Date Issued Expiry Date

Have you ever been refused a visa application? Yes No

If yes, please explain why

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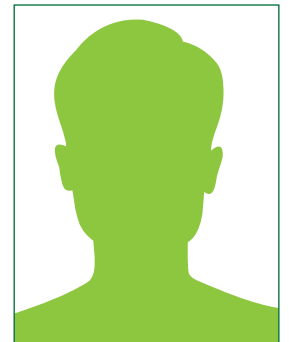
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Attach Photo
here

Section 2b: Family Details

Name of Spouse

Is your spouse accompanying you? Yes No

If no, please explain why.....

Have they ever been refused a visa application? Yes No

If yes, please state country, date of refusal and the reason why.....

Name of Dependant 1.....

Is this person accompanying you? Yes No

If no, please explain why.....

Have they ever been refused a visa application? Yes No

If yes, please state country, date of refusal and the reason why.....

Name of Dependant 2.....

Is this person accompanying you? Yes No

If no, please explain why.....

Have they ever been refused a visa application? Yes No

If yes, please state country, date of refusal and the reason why.....

Name of Dependant 3.....

Is this person accompanying you? Yes No

If no, please explain why.....

Have they ever been refused a visa application? Yes No

If yes, please state country, date of refusal and the reason why.....

Name of Dependant 4.....

Is this person accompanying you? Yes No

If no, please explain why.....

Have they ever been refused a visa application? Yes No

If yes, please state country, date of refusal and the reason why.....

Section 2c: Family Situation

Please include your spouse, children and other immediate family in your answers.

Is your family in full agreement with this application? Yes No

If no, please explain.....
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Are there any unresolved issues or areas of stress that exist between you? Yes No

If yes, please explain.....
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Have there been any problems being separated from them? Yes No

If yes, please explain.....
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Who provides support for your dependent family in your absence?

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Section 3: Financial Information

Are you able to support yourself? Yes No

If no, please explain your thoughts regarding support sources.....

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Are you hoping to maintain your N.I. contributions? Yes No

If no, please explain why.....

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Do you contribute to any pension fund or health/life/travel insurance policies? Yes No

Please detail what you have in mind regarding these.....

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Do you own a property? Yes No Is it mortgaged? Yes No

What do you intend to do with this property if your application is successful?.....

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Section 4: Education and Employment

Education Details

From/To	Name of School/College/University	Qualifications and Grades Achieved

Employment Details

From/To	Name and Location of Employer	Roles and Responsibilities	Reason for Leaving

Section 6: Sending Church Details

Name of Church.....

Denomination.....

Church Leader's Name.....

Email.....

Phone No..... Mobile No.....

Address..... Postcode.....

Describe your ongoing church life involvements.....

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Is the church interested in home and/or overseas mission?.....

Does the church fully support your application?.....

Do you have any issues with the church and its leadership?.....

Section 7a: Personal Qualities

In thinking about your personal qualities please complete the ratings on the following (1=poor 10=excellent), adding any extra comments in the space provided:

Characteristic	Rating 1-10	Comments
Common sense		
Tact		
Accountability		
Personal initiative		
Financial management		
Sympathy and consideration for others		
Ability to work happily with others		
Ability to make friends with others		
Attitude to people of other classes/groups		
Attitude to people of other races/religions		
Attitude to the opposite sex		
Attitude to the opinion of others		
Response to advice or criticism		
Attitude to the authority of others		

Characteristic	Rating 1-10	Comments
Personal motivation		
Self-discipline		
Perseverance		
Reliability		
Ability to handle pressure and stress		
Ability to make decisions		
Adaptability to change		
Ability to cope with loneliness		
Willingness to learn		
Resourcefulness		
Humour		
Capacity to study		
Leadership/training ability		
Communication skills		
Conflict management		

Section 8: References

Doctor	
Name and Address	
Phone No.	Email
Mobile No.	

Member of Church Leadership	
Name and Address	
Phone No.	Email
Mobile No.	

Last Employer	
Name and Address	
Phone No.	Email
Mobile No.	

Friend	
Name and Address	
Phone No.	Email
Mobile No.	

Contact in the Mission, if applicable	
Name and Address	
Phone No.	Email
Mobile No.	

Section 9: Declarations

Your responses will be treated as highly confidential and will only be shared with Avail trustees and those delegated by them if assistance is required or if they need to be present at the interview.

We expect a measure of accountability to your church and the mission and request that you read Avail's statement of faith, core principles, and policies regarding child protection, crisis management and social media.

Do you have a criminal record? Yes No

If yes to any of the following questions, please send us separate details.

1. Have you ever had an offer to work with children declined? Yes No

2. Has there ever been any cause for concern regarding your conduct with children? Yes No

3. To your knowledge have you ever had any allegation made against you concerning children that has been reported to, and investigated by, Social Services and/or Police? Yes No

I confirm that I have read, understand and consent to Avail's principles and policies. I understand that if I breach them the mission has the right to withdraw immediately from all our agreements and any registration and will not be held responsible for any resulting liabilities.

I confirm that I am willing for any security checks to be made.

I confirm that all the information given on this form is correct and complete to the best of my knowledge.

Signed Date