

Application for 2nd Basic or Development Training

If you have any queries before applying, please contact the EfM Administrator.

Send this form, *completed in black*, to:

The Revd. Haydon Wilcox
The EfM Administrator
46 Barn Meadow Close
Church Crookham
Fleet
Hampshire GU52 0YB

Tel: 01252 621639
Fax: 01252 621639
Email: administrator@efmuk.org.uk

Title Forename Surname

Address

..... Postcode

Telephone E-mail

Denomination

I wish to apply for Mentor Training at:

Venue Date

Special requirements (e.g. diet, mobility):

The cost is £165 I enclose a deposit of £ (min 50%) and

I will pay the balance fourteen days before the start date.

Please make cheques payable to 'Education For Ministry Trust'

I understand that this training requires my full attendance and participation.

Signed Date

Please complete the other side of this form and return to the above address

Information for the Trainer

1. When and where was your most recent mentor training?
2. What is your involvement with an E/M group at present?
3. What skills do you wish to improve during your retraining?
(see Mentor Skills Checklist in the Mentor's Manual page 5)
4. Are there any difficulties you would like to address with the help of the trainer and the group?
5. Are there any wider concerns about E/M that you wish to raise?