

Your Details		
Full Name: Mr Mrs Miss Ms		
Address: (including postcode)		
Tel No:	mail:	
I am applying for: Children's Stream Youth Stream		
Church Details		
Role in church/project:		
Church attending:		
Church Londov/Minister		
Church Leader/Minister:		
Church Leader/Minister Tel No:		
Church Leader/Millister Ter No.		
Church Leader/Minister Email:		
Additional Information		
Amplify is committed to ensuring accessibility for all training and educational events. If you have any additional or dietary requirements, please let us know:		







Experience of Christian Service		
Please give brief details of any areas of Christian service you have been, or are involved in:		
Your Application		
Please give your reasons for wishing to take part in Amplify: (please feel free to use another page if you need more space)		
sign this form to indicate that they reference form included.	der/Minister the support of your Church Leader y agree that this course is appropr	
Name of Church Leader/Minister:		
Signed: Date:		
Cost: £350		
If you have any queries, please ge	t in touch with your local Amplify	Contact:
Blackburn Ben Green ben.green@blackburn.anglican.org 01254 503407 Sarah Earnshaw sarah.earnshaw@blackburn.anglican.org 01254 503405	Chester Jonathan Masters jonathan.masters@chester.anglican.org 01928 718834	Manchester Susie Mapledoram susiemapledoram@manchester.anglican.org 0161 828 1435 Karen Beal karenbeal@manchester.anglican.org 0161 828 1433

Please return your completed form to your local Amplify contact. Once the closing date (30th November 2018) has we will be in touch regarding your application and payment.

The data you provide on this form will be stored securely for a period of one year from the date of signature, after which it will be destroyed. It will not be passed to any third parties without your express consent, except in a medical emergency or where lawfully requested by police.





