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| Céilí Catholic Community  **Application for Missionary Discipleship Course**  **Sept 2024 – May 2025** |  |
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Dear Applicant.

Thank you for considering joining the School of Evangelisation, providing a course in Missionary Discipleship and Formation in Youth Work. Kindly fill in this application form as a first step in the selection process. Together with this application please send us your CV. You may email these to [school@ceilicommunity.net](mailto:school@ceilicommunity.net) or send by post to our address: Ceili Catholic Community, Harbour Road,

Kilbeggan N91 NY28, Co Westmeath, Ireland. Should you need to talk to us please text message to mobile +353 (0)87 9789150 and we will revert.

All applications will be acknowledged, and applicants will be called for an interview in person or online. Final selection of students will be made by end of July and all applicants will receive a reply. Your personal details in this application and the CV will be kept in full confidence by Ceili Community which respects and operates a strict GDPR Policy. By filling and signing this application you give permission to Ceili Community to contact the persons you have nominated as persons of reference.

We will keep you in our prayers and graciously ask for yours. Meanwhile we send our best wishes and all God’s blessings.

Yours sincerely,

Albert Galea, BA, MA

Course Director

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| Applicant Information | | | | |
| Surname | First Names | | | Male/Female |
| Address |  | | | |
| **City** | **Eircode/Post Code** | | Country | |
| Tel. No. | Mobile No. | | E-mail Address | |
| Date of Birth | Place of Birth | | Nationality | |
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| Education and Qualifications | | | | |
| **School/College** | | **Town** | | |
| From | To | Qualification | | |
| **School/College** |  | **Town** | | |
| From | To | Qualification | | |
| **Higher Education** |  | **City** | | |
| From | To | Qualification | | |  |

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| **EMPLOYMENT HISTORY, VOLUNTEERING HISTORY & OTHER QUALIFICATIONS** | | | |  |
| Dates: From | To | Employment | Volunteer and Charity Work |
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| Your Personal Story of Faith and reasons for applying for this course (In brief) |
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| **PERSONAL INTERESTS SUCH AS SPORTS, HOBBIES, SKILLS SUCH AS PLAYING A MUSIC INSTRUMENT, ETC** |

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| **PERSONS OF REFERENCE. PLEASE SUBMIT DETAILS OF 2 PERSONS.**  ***ONE PERSON HAS TO BE A PRIEST, PREFERABLY YOUR PARISH PRIEST. OR A RELIGIOUS.*** |

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| NAME OF PERSON 1. |
| ADDRESS |
| EMAIL ADDRESS |
| LANDLINE PHONE # MOBILE PHONE # |
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| NAME OF PERSON 2. |
| ADDRESS |
| EMAIL ADDRESS |
| LANDLINE PHONE # MOBILE PHONE # |
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| Disclaimer and Signature of applicant |
| I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my application being rejected.  SIGNED: -------------------------------------------------- DATE: ……………………………...  NAME (BLOCK LETTERS) ----------------------------------------------------------- |
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**USE THIS PAGE IF YOU WISH TO ADD ANY OTHER INFORMATION.**