



Why do you want to enrol in this course and how do you think you will benefit from completing it?

Please give details of two people to whom reference can be made regarding this application. The first of these should be your minister, church leader or staff supervisor.

Title & Name : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Signature: \_\_\_\_\_ (if you are sending this form by e-mail, we will need to see a signed copy, so please also post the form to us.)

Title & Name : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please return this completed form to:

The Administrator, Peninsula Gospel Partnership Training Course, 63 Sherford Road, Elburton, Plymouth PL9 8BJ  
Email: [admin@pgponline.org](mailto:admin@pgponline.org)