

 西马圣公会教区

 **临床牧关教育申请书**

**个人资料**

姓名（牧师/先生/太太/女士）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 出生日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

性别：男/女(请打圈) 身份证号码：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 国籍：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

地址（家）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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地址（办公室）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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电话（家）: \_\_\_\_\_\_\_\_\_\_\_\_\_（办公室）：\_\_\_\_\_\_\_\_\_\_\_\_\_ （手机）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

网址：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 婚姻状况: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 儿童数目: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

宗派：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 您是否已按立？\_\_\_\_\_\_\_\_\_\_如已按立,日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

目前的专业职位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**基督徒牧工经验:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**以往临床牧关教育（有的话）**

牧关教育中心名称及地点：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

受训日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 监督名字: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**教育背景**

学院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ 学位：\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_

神学院: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 学位：\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_

研究生院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 学位：\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_

**工作经验**

公司名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

职位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 受雇时期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

公司名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

职位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 受雇时期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

公司名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

职位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 受雇时期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**推荐人**

姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 关系：\_\_\_\_\_\_\_\_\_\_\_\_ 电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 关系：\_\_\_\_\_\_\_\_\_\_\_\_ 电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 关系：\_\_\_\_\_\_\_\_\_\_\_\_ 电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**随同这申请涵，请供应以下项目：**

1. 请合理地详述您的一生，包括重要事件及那些您重视的人，和您与他们的关系。加上，这些事件和关系如何冲击您的成长。
2. 描述您家庭的起源，现今与家人的关系，及您的教育发展的动态。
3. 描述您的信仰生活，包括那些影响您信仰及现今告知您信仰系统的事件与人物。
4. 附上一张护照式的相片。

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **申请人签名**  **日期**

请呈交： The Coordinator, CPE Program

 The Anglican Diocese of West Malaysia

 No. 214, Jalan Pahang, 53000

 Kuala Lumpur, Malaysia.

 Tel: 03-40243213 / 40253213 Fax: 03-40323225

 Email: malaysiacpe@gmail.com

 Website: [www.malaysiacpe.com](http://www.malaysiacpe.com)

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请在支票后面注明款项是付给” CPE Program “