# THE FREEDOM COURSE



# **APPLICATION FORM**

Thank you for applying to Mercy UK's Freedom Course. Please complete the application form with as much detail as you can and email it to admissions@mercyuk.org.

Some questions may be difficult to answer and although the information is useful for your application, we want you to stay safe, so only write what you can manage.

The application form can take around 30 minutes to complete and will ask you about your current circumstances, your history, your support needs, and any previous support you have received. Your application helps us to gather the initial information we need to understand your needs and whether the Freedom Course is suitable for you, at this time.

Upon completing the application, we ask that you also attach a recent photograph of yourself. Please make sure your face is clearly visible in the photograph. We also ask that you attach a copy of a form of photographic identification (passport, driving licence, ID card).

Please click here to read more information on our application process and what to expect 'Application Process: What to Expect'

Please click here to download a printable step-by-step guide to the application process 'Application Process: Step-By-Step Guide'

ADMISSIONS If you would like any assistance or even encouragement for the journey ahead, get in touch with us! TEAM CONTACT Phone: 01535 642042, Email: admissions@mercyuk.org

ABOUT YOU	YOUR NAME:		YOUR SURNAME:	
	DATE OF BIRTH:	AGE:	PREFERRED CONTACT NU	IMBER:
	EMAIL ADDRESS:			
	CURRENT ADDRESS:			POSTCODE:
	PREFERRED ADDRESS (IF DIF	FFERENT FROM ABOVE):	I	POSTCODE:
	ETHNICITY:	ΝΑΤΙΟ	NALITY:	SEX:

# THE FREEDOM COURSE



#### How did you hear about the Freedom Course?

Church Support Internet/Social Media Conference/Training Day/Speaking Event Publications/Radio/TV Other

#### FAITH Your Discipleship Journey so far

The discipleship principles below are the same ones that you will learn about as part of the support programme you are applying for. To help assess your discipleship needs, please indicate your current levels of confidence in applying each of the discipleship principles to your life.

How confident do you feel in applying the following discipleship principles to your life? (Please tick)	Not at all confident	I feel confident applying this with some guidance	I feel confident applying this to my life	I feel confident enough to teach others from authentic experience
Recognising the voice of God in my life				
Recognising and replacing unhealthy/ unhelpful behaviours				
Recognising areas of unforgiveness/releasing forgiveness				
Receiving emotional healing and comfort from God				
Releasing my authority as a Believer/surety of faith				
Maintaining healthy boundaries with others				
Recognising and communicating my needs and desires				

# THE Freedom Course



#### **Our Discipleship Curriculum**

At Mercy UK, we are transparent in our approach to offering support and guidance that is centred around, and founded upon, Christian belief and practice. Our support includes offering Biblebased discipleship, teaching and prayer whilst respecting the right for individuals to self-govern in accordance with their own beliefs and values. This means our support will always signpost you back to your own personal relationship with God.

Please click here to read Mercy UK's Statement of Faith 'Statement of Faith'

#### Your Faith

How would you describe your relationship with Father God?

How would you describe your relationship with Jesus?

How would you describe your relationship with the Holy Spirit?

What would you like to see happen in your life as a result of being able to access support and discipleship from Mercy UK?

Are you part of a local church or Christian fellowship? We have learned that long-term success really does depend on having a solid support network as part of a local church community or Christian fellowship. If you are not already part of a church community or Christian fellowship when you apply, we will always aim to connect you with a local church or a Christian fellowship to facilitate a local support network for you and the nomination of an Accountability Partner, where needed.

If yes, please specify the name, address and contact of the church and your pastoral leader (the Admissions Team will NOT contact your church or pastoral leader without your permission).





CHURCH NAME:

CHURCH DETAILS

CHURCH ADDRESS:

### PHYSICAL Your Physical Health

**HEALTH** Where beneficial to the participant, individual sessions with a trained specialist such as a nutritionist, personal trainer or occupational therapist, will be facilitated. By telling us about your physical health and wellbeing, we are able to assess the most suitable support for your needs.

PLEASE TELL US YOUR WEIGHT:

PLEASE TELL US YOUR HEIGHT:

PASTORAL LEADER:

Do you have any physical limitations and/or medical conditions that affect your day to day life? *If yes, please specify details.* 

Are you currently prescribed any medications that support your mental health? For example: antidepressants, anti-psychotics, mood stabilisers. If yes, please specify the name of medication, dosage and reasons for prescription:

Do you currently misuse or have you ever misused drugs whether illegally or prescribed? If yes, please specify type of drug, duration and degree of misuse and approximate date you last used.

Do you currently misuse or have you ever misused alcohol? If yes, please specify type of alcohol, duration and degree of misuse and approximate date you last drank in excess.

CONTACT:





Do you feel you would benefit from physical health and fitness support?

Do you currently struggle with disordered or imbalanced eating such as withholding food, bingeing or compulsive overeating? If yes, please specify the nature and duration of your struggles.

#### **SUPPORT** Your General Wellbeing & Support Needs

**NEEDS** Do you experience any challenges with reading, writing or comprehension? If yes, please specify the nature of the challenges and any diagnosed learning difficulties.

> Do you currently experience, or have you received a diagnosis or assessment in any form, of neurodiversity such as ADHD, Autism or ASD? If yes, please specify the nature of your neurodiversity, any assessments received and any adjustments you would appreciate, or benefit from, being considered.

Within the last 2 years, have you received any professional counselling, care or support? *If yes, please specify the nature of professional support, the duration of the support and the approximate date you last accessed this support.* 

Are you currently receiving inpatient care/support?





	Have you ever received a mental health diagnosis? If yes, please specify the diagnosis you received, when this was given and by whom.			-	
	Would you benefit from any debt management support?				
		Yes	No	Unsure	
PERSONAL EXPERIENCES					
		Yes	No	Unsure	
	Have you ever been subject to physical abuse/mistreatment?				
		Yes	No	Unsure	
	Have you ever been subject to sexual abuse/mistreatment?				
		Yes	No	Unsure	
	Have you ever been subject to spiritual or religious control or abuse?		pject to spiritual or religious control or abuse?		
		Yes	No	Unsure	
	Have you ever experienced a traumatic event such as an accident, war, or an act o		nced a traumatic event such as an accident, war, or an act of terror or crime?		
	Do you	Yes current	No ly or hav	Unsure ve you ever struggled with suicidal thoughts or attempts?	
		Yes	No	Unsure	
	Do you currently or have you ever struggled with self-harm?				
		Yes	No	Unsure	
	Are you currently involved in any legal proceedings or pending court dates?				
		Yes	No	Unsure	

# FREEDOM COURSE



#### **DECLARATION** Declaration

By ticking each box, you agree the following:

I confirm that I have not willingly withheld information that could be relevant to my application I understand that the information I have provided is confidential between Mercy UK and myself, and information will not be shared by Mercy UK without my expressed permission

NAME:

DATE:

Please send your completed form to admissions@mercyuk.org