



TRACK 1: MUSIC

PERSONAL DETAILS

Name: _____

Address: _____

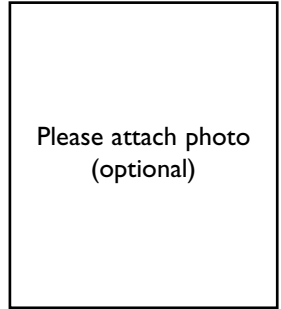
_____ Postcode: _____

Telephone: Home: _____

Mobile: _____

Work: _____

Email: _____



Date of birth: _____ Age: _____

Single/Engaged/Married/Divorced: _____

If Engaged/Married, please name Fiancee/Spouse: _____

Do you have a current driving license? YES / NO

Do you have a car/motorbike? YES / NO

Have you ever been involved in criminal proceedings? YES / NO

If yes, please give details:

CHRISTIAN BACKGROUND

Please state briefly how and when you became a Christian:

How do you seek to keep your relationship with God alive and relevant?

Describe something or someone that has made an impact on your Christian life recently:

Which church do you currently attend and in what way are you involved?

EXPERIENCE IN MUSIC

Please list any instruments that you play including qualifications:

Do you have your own equipment? If yes, list make(s) and model(s):

Please list any experience you have had performing musically, either in school, church or other situations:

What are your musical influences, secular and/or Christian?

Have you done any song writing?

Have you any experience of studio recordings? If yes, where?

Please send a demo tape/CD of any recordings you have made. (Quality is not too important).

MEDICAL SCREENING

Do you suffer from any recurring illness or allergies?

YES / NO

If yes, please give details:

Do you smoke?

YES / NO

Are you registered disabled?

YES / NO

Have you had any major periods of physical, mental or emotional illness requiring medical attention?

YES / NO

If yes, please give details:

Have you ever suffered from depression, addiction dependency, anorexia or bulimia?

YES / NO

If yes, please give details:

NB: Medical information given will not solely exclude you from interview selection.

REFERENCES

Please give below the names and addressees of two referees. One of these should be the Minister/Elder of your home church and the other an employee or someone who has supervised your work or studies at college/school:

Minister's name and church: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Second referee's name: _____

Their relationship to you (tutor/employer etc): _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN TO:

**Joy Clark
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Christopher Martin Road
Basildon
Essex
SS14 3EZ
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