



## **“Churches, Channels of Hope”**

Train the Facilitator Application Form:

Helderburg DRC (Joppa Hall), Somerset-West, Western Cape, RSA  
Date: 9-11 May 2017 AND 27-30 June 2017 (both sessions compulsory)

### **Purpose**

The purpose of this program is to equip faith leaders with the appropriate attitudes, knowledge and skills to be channels of hope and assist faith communities in their journeys towards HIV competence.

The Churches, Channels of Hope programme also offers tools to help churches and communities respond to the needs created by HIV and AIDS. These tools include training that equips participants to run two or three day Churches, Channels of Hope workshops in their communities.

### **Outcomes**

The successful participant would be:

- Equipped with thorough knowledge on HIV and AIDS related topics and issues;
- Enriched and challenged to explore a Christian response to the challenges of HIV and AIDS and
- Empowered with facilitation skills and guidelines.
- Motivated and supported to be a channel of hope.

### **Who should attend this programme?**

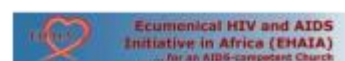
The ideal candidate:

- Is a Christian leader who is ready to take responsibility and action within their own communities.
- Is comfortable with people and interested in facilitating HIV related workshops, information sessions and processes.
- Should preferably have previous exposure to HIV and AIDS related training and projects (or have the capacity to learn new information in a short time frame).
- Will also have some prior experience of teaching, facilitation or public speaking or show the potential to facilitate sessions.
- Will have the capacity to learn and express him or herself clearly in English (verbally and in writing).

### **Some feedback from participants reflecting on the impact of the training months later:**

- “It impacted my whole life as a Christian. Not only concerning people with HIV, but how I now look at all other humans ... It gave me exactly what I needed to live a message of hope and love in everything around me. It changed me.”
- “It has changed my attitude towards HIV/AIDS, it brought about great passion and zeal to work hard to help my church to be more open and compassionate and be the channel of hope.”
- “I pay attention to what is being said and talked about in the media and on the street. I personally have tried to correct my language so that it is not stigmatizing.”

### **Training is endorsed by:**



# APPLICATION FORM

Please read all information carefully before you complete the application form. Make sure you complete the entire application form. Incomplete forms cannot be considered.

- Send your completed application form **as soon as possible** by e-mail to CCoH Coordinator, Clive Swartz: [ccoh@cabsa.org.za](mailto:ccoh@cabsa.org.za) OR fax +2721- 8730028 OR post: PO Box 16, Wellington, 7654.
- Closing date for applications: **18 April 2017**.
- We will inform you whether your application was successful by no later than **21 April 2017**.
- The full value of the training is **R8 800** per person. This includes training material, all teas and lunch. Please note that all participants will be responsible for their own transport and accomodation
- **With the sponsorship of Mensen met Een Missie, CABSA can offer partial subsidies for the training costs. If you would like to apply for a subsidy, please let us know immediately and request your form from [admin@cabsa.org.za](mailto:admin@cabsa.org.za) .**
- All participants who have been accepted will be required to pay a registration fee of **R600** by the **01 May 2017** to confirm and secure attendance.

## Important requirements for all participators:

- This is a very intensive training programme that includes written assignments and assessments. It is therefore important that participants are *comfortable reading and writing in English*. If not, you may find the course difficult to complete and to pass.
- It is therefore recommended that participants have completed Grade 12.
- Participants are expected to attend all the sessions and must commit to the full period.
- "The full curriculum and costs of the training programme make it impossible for CABSA to organise any sight-seeing trips during the scheduled training. Participants are welcome to organise such trips at their own cost before or after the training."

<b>1</b>	<b>IDENTIFICATION DETAILS</b>		
1.1	Surname:	1.2	First Name:
1.3	Postal Address:	1.4	Tel (Home) :
		1.5	Tel (Work):
		1.6	Cell Phone:
		1.7	Fax:
	Province:	1.8	E-mail:
	Country:	1.9	Profession/Job:
1.10	ID Number:	1.10	Age:
1.12	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
1.13	Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Pastor/Priest/Reverend <input type="checkbox"/> Other (Please specify) .....		
1.14	Academic qualification: What is the highest standard or grade that you passed in school? In which year did you pass this grade or standard?		
1.15	Other academic qualifications: If you have completed any tertiary qualification or FET (Further Education and Training) courses, please name your highest and/or latest qualification.		
1.16	Disability status: <input type="checkbox"/> Physical <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Other (Please specify)		
<b>2</b>	<b>CHURCH AFFILIATION AND INVOLVEMENT</b>		
2.1	To which denomination do you belong?		

2.2	Contact person in your church (for referral)		
	Name	Tel.:	
2.3	Describe <b>your</b> involvement in your local church/congregation: (Mark with "x")		
	<input type="checkbox"/> Pastor/Minister/Priest <input type="checkbox"/> Leader of <input type="checkbox"/> Other involvement (explain)		
2.4	(If applicable) Which organisation do you represent		
2.5	Contact person in organisation (for referral)		Tel.:
2.6	Describe your involvement/role in organisation:		
<b>3</b>	<b>INVOLVEMENT IN THE HIV FIELD</b>		
3.1	Have you attended any previous workshops and/or training on HIV and AIDS?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.2	If "yes", give more information about <u>at least two</u> :		
	Type of workshop	Duration	
	(1)		
	(2)		
3.3	Do you personally have any contact with people living with HIV?	Yes	No
3.4	What is the current involvement <b>of your local congregation</b> in HIV and AIDS? (e.g. specific projects or programmes, focus on liturgies and church services) What is <b>your</b> involvement in this programme?		
<b>4</b>	<b>Experience in training, facilitation and public speaking</b>		
4.1	Do you have any experience in running training sessions, information sessions or public speaking?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes", give more detail:		

5	Why would you like to attend the Churches, Channels of Hope training for facilitators? (Please answer this question with care.)
6	How do you intend to use the skills and knowledge obtained in this training in practice?
7	<p>CABSA expects trained facilitators to keep us informed of their involvement and contribution for a minimum of five years after the initial training. This feedback is given by completing a feedback form once a year. Would you be willing to complete such a feedback form?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8	<p>CABSA expects trained facilitators to be channels of hope who will make a definite contribution towards HIV competence in faith communities. How many people would benefit from your participation in this programme? .....</p> <p>Less than 20 <input type="checkbox"/> About 20-40 <input type="checkbox"/> About 40-80 <input type="checkbox"/> More than 80 <input type="checkbox"/></p>
9	<p>Give contact details of two people who know you well, particularly considering your interest and involvement in HIV and AIDS. (Give Name and contact telephone numbers)</p> <p>Name: Telephone:</p> <p>Name: Telephone:</p>
10	<p>Did you complete this form yourself?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "no" please provide the details of the person who completed this form on your behalf.</p> <p>Name: Relationship with you: Telephone numbers:</p>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_