



Practice documentation form

Thank you for your willingness to write the practice documentation for our applicant.

Please note that we only accept a document which is:

- completed digitally
- authorized with your signature and the stamp of your church/organization
- based on your own experience with the applicant
- referring to activities within the last three years

Please be aware that the applicant will not be evaluated until this document has been sent to inntak@tbbmi.no

We kindly ask you to send the documentation by your official email account setting the applicant's email as a CC (Courtesy Copy).

If you have any questions, please do not hesitate to contact us by e-mail or by phone.

Details of the pastor/leader:

Name* _____ Surname* _____

Responsibility* _____

Church/Christian organization information:

Church/Org. name _____ Address* _____

Website* _____ Facebook page _____

Email* _____ Pastor/Leder* _____

Details of the documentation*:

Which period of time does your documentation relate to?

From* _____

Until* _____

Details of the applicant*:

Name* _____

Surname* _____

Birth date* _____

E-mail* _____

Practice information*:

Please resume the responsibilities the applicant has been having within your church/organization?*

How many hours a week has the applicant been involved in the above mentioned activities?*

Other comments

I hereby certify that the above statements are true and correct to the best of my knowledge

Active contact information**

Name* _____ E-mail* _____

Phone* _____ Facebook profile _____

Other:

Place and Date*

Signature *

Church/Org. stamp*

* Mandatory fields

NB! Mandatory field. Please fill in only **active contact information. If any of this is outdated, this form may be counted as invalid