

VISION MINISTRIES KENYA (TOTs') QUESTIONNAIRE

This questionnaire is designed by Vision Ministries Kenya for the purpose of Training of trainers' seminar scheduled for *10th -15th, October, 2022.*

Venue: Jimlizer Hotel, Nairobi.

1. PERSONAL DETAILS:

SIR NAME: (Write your name the way they appear in the ID or Passport)	OTHERS:
VMK REGION: (VMK chapter you serve in and your church or ministry)	CHURCH:
ID NO:	PHONE NO:

2. EDUCATION BACKGROUND :

LEVEL OF EDUCATION: (Attach proof whenever possible)

3. MINISTRY RELATED QUESTIONS:

A) What is your area of gift in ministry?

B) Do you commit to train other leaders in your ministry after successfully completing this training?
(Put a tick where necessary)

YES: NO:

C) Have you trained others before? YES NO

D) If (C) is YES narrate the experience :

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I hereby confirm that the information I have given in this form is true.

Signature: Date:

E) To be filled by regional Chairperson

I hereby nominates the above named person to participate in the Training of Trainers seminar. I confirm that he/ she is a committed member of Vision Ministries Kenya (*Fill in name of the region*) Region.

Signature: Date:

Registration fees *Ksh. 1,000* to be paid on arrival or before **10th, October 2022.**