

**Section A – TRAINING DETAILS**  
(For completion by *Xee Facilitator In Charge*)

# Xee Training

## Request for Certification

**CERTIFICATION REQUIREMENTS**

1. Complete all Sections of this Form.
2. Gospel Check-up for each Student.
3. Payment of RM5/- per Certificate

KINDLY COMPLETE IN BLOCK LETTERS IN ENGLISH

### A. TRAINING DETAILS

<b>Church / Training Venue:</b>			
<b>Pastor:</b> <i>(if held in a church)</i>			
<b>Address:</b>			
<b>Telephone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			

<b>Track:</b> <i>(please circle)</i>	Life Now / Life Forever	<b>Language:</b>	
<b>Period:</b>	From                      to	<b>Semester No:</b>	
<b>Duration:</b>	_____ days / weeks <i>(please circle the appropriate)</i>		

### B. STUDENTS FOR CERTIFICATION

For EE Office Use <b>CERT NO.</b>	Name of Students who meet the certification requirements <i>(Full name as per I/C can put Christian name on the certificate eg. David Chong Chee Wai)</i>	Sex	No. of Connect Activities <i>(Minimum 10)</i>	Attendance <i>(No. of classes)</i>	Gospel Check-up <i>E = Excellent P = Pass</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**NOTE:** These students will only be given a **Completion Certificate** at this point. To receive the **Trainer Certificate**, they will have to serve as a **Trainer or Associate Trainer** with a **minimum of 10 Connect Activities** for at least one semester.

### C. TRAINERS FOR CERTIFICATION

For EE Office Use <b>CERT NO.</b>	Name of Trainers with a minimum of 10 Connect Activities for this semester reported <i>(Full name as per I/C can put Christian name on the certificate)</i>	Sex	No. of Connect Activities <i>(Minimum 10)</i>
1.			
2.			
3.			
4.			
5.			

**D. Other STUDENTS who did NOT meet the requirements (For record purposes only)**

Name	Sex	Name	Sex
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**E. Other TRAINERS involved in this semester (For record purposes only)**

Name	Sex	Name	Sex
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**F. FACILITATORS involved in this semester (For record purposes only)**

Name	Sex	Name	Sex
1.		4.	
2.		5.	
3.		6.	

**G. CONNECT ACTIVITY RESULTS**

NO. OF PROSPECTS	Gospel Story Shared					Gospel Story NOT Shared				
	Profession	No Decision	Assurance	Rejection	For Student	Build Friendship Only	Not interested	Already Saved	Follow-up (on earlier salvation cases)	Other Reasons

Signature of Xee Facilitator In Charge \_\_\_\_\_

Submission Date \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Handphone: \_\_\_\_\_

House Tel: \_\_\_\_\_ Office Tel \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# Xee Training – STUDENTS’ Directory

<b>FULL NAME OF STUDENT</b> <i>(to be printed on cert)</i>	<b>DESIG-NATION</b> <i>(Please circle)</i>	<b>MAILING ADDRESS</b>	<b>CONTACT TEL</b>	<b>EMAIL</b>	<b>CHURCH MEMBER OF</b>
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				
	Dr. / Mr. / Mrs./ Ms. / Others <i>(please specify):</i>				

