

# XEE Training

## Request for Certification Form & Completed Semester Report

| CERTIFICATION REQUIREMENTS   |
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| 1. Complete all Sections of this Form.<br>2. Gospel Check-up for each Student.<br>3. Payment of RM5/- per Certificate. |

Kindly note: -  
 Churches are encouraged to complete and report every semester even when there are no trainees for certification. This helps EE to maintain a full record of the local church training for the purpose of statistics and in the interest of the church and the trainers who have committed themselves to the semester, despite no trainees being certified.

### Section A – TRAINING DETAILS (For completion by XEE Facilitator In Charge)

KINDLY COMPLETE IN BLOCK LETTERS.

| A. TRAINING DETAILS                     |  |      |  |
|---|--|------|--|
| Church / Training Venue:                |  |      |  |
| Pastor:<br><i>(if held in a church)</i> |  |      |  |
| Address:                                |  |      |  |
| Telephone:                              |  | Fax: |  |
| E-mail:                                 |  |      |  |

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

| B. STUDENTS FOR CERTIFICATION |  |     |  |                                       |  |
|-------------------------------|--|-----|--|---------------------------------------|--|
| For EE Office Use<br>CERT NO. | Name of Students who meet the certification requirements<br><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<br><i>(Minimum 10)</i> | Attendance<br><i>(No. of classes)</i> | Gospel Check-up<br><i>E = Excellent<br/>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<br>CERT NO. | 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.  |     |   |
|                               | 6.  |     |   |
|                               | 7.  |     |   |
|                               | 8.  |     |   |

**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. EVALUATION OF EE's EFFECTIVENESS IN THE CHURCH

How has EE impacted your church during this semester?

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General comments.

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## H. CONNECT ACTIVITY RESULTS

| NO. OF PROSPECTS | Gospel Story Shared |             |           |           |             | Gospel Story <u>NOT</u> Shared |                |               |   |               |
|------------------|---------------------|-------------|-----------|-----------|-------------|--------------------------------|----------------|---------------|---|---------------|
|                  | Profession          | No Decision | Assurance | Rejection | For Student | Build Friendship Only          | Not interested | Already Saved | Follow-up <small>(on earlier salvation cases)</small> | 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><br><i>(to be printed on cert)</i> | <b>DESIG-NATION</b><br><i>(Please circle)</i>                 | <b>MAILING ADDRESS</b> | <b>CONTACT TEL</b> | <b>EMAIL</b> | <b>CHURCH MEMBER OF</b> |
|---|---|------------------------|--------------------|--------------|-------------------------|
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |
|   | Dr. / Mr. / Mrs./<br>Ms. / Others<br><i>(please specify):</i> |                        |                    |              |                         |

# Xee Training - FACILITATORS & TRAINERS' – Directory

| <b>NAME OF FACILITATOR/ TRAINER</b> | <b>DESIG- NATION</b><br><i>(Please circle)</i>             | T=Trainer<br>F=Facilitator<br>FT=Facilitator & Trainer | <b>MAILING ADDRESS</b> | <b>CONTACT TEL</b> | <b>EMAIL</b> | <b>CHURCH MEMBER OF</b> |
|-------------------------------------|--|--|------------------------|--------------------|--------------|-------------------------|
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |
|                                     | Dr. / Mr. / Mrs./ Ms. / Others<br><i>(please specify):</i> |  |                        |                    |              |                         |