



BLACK METHODIST CONSULTATION
(A formation within the Methodist Church of Southern Africa)



SKILLS AUDIT FORM

PERSONAL PARTICULARS

NAME: _____

ADDRESS _____

_____ **CODE:** _____

CONTACT NO: _____

E-MAIL ADDRESS: _____

DISTRICT: _____

QUALIFICATION(S): _____

EMPLOYER: _____

PRESENT OCCUPATION: _____

PREVIOUS OCCUPATIONS: _____

MALE/FEMALE: _____

SKILLS: _____

**WOULD YOU LIKE YOUR SKILLS TO BE UTILISED BY CHURCH? YES/NO
IF YES, IN WHICH POSITION/PROGRAMMES WOULD YOU LIKE TO
SERVE :** _____
