

Application Form for Certificate in Diaspora Mission, Biblical Interpretation, and Ministry

Date of Application:

Title:	First Name: Middle Name (if any):	Surname:
Permanent Address:		Town/City:
County:	Postcode:	
Country:	Correspondence Address (If different from Permanent Address):	
Email:	Preferred Telephone Number:	
Date of Birth:	Gender:	
Ethnicity:		
Church / Organisation		
Name of Church / Organisation:		Position Held:

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Highest Education Qualification(s)	
Name of College/University/Institution:	Degree/Certificate Obtained: Did you graduate? [Yes] [No] (<i>delete whichever does not apply</i>)
Name of College/University/Institution:	Degree/Certificate Obtained: Did you graduate? [Yes] [No] (<i>delete whichever does not apply</i>)
Name of College/University/Institution:	Degree/Certificate Obtained: Did you graduate? [Yes] [No] (<i>delete whichever does not apply</i>)
Reference	
Please supply the contact details for one referee. This should be a church leader (or equivalent) who is able to comment on your suitability for the course; who knows your involvement in ministry and how this course will benefit you and the ministry.	
Name of Referee:	Phone number: Email address:
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to admission to the course, I understand that false or misleading information in my application will result in being released from the course.	
Signature:	Date:

Please complete and return to admin@ctcollege.org