

Christ Theological College

Application Form for Certificate in Theology, Biblical Interpretation, Diaspora Mission

		Applicant In	formatior	n .	
Full Name:	First	Middle		Last	Date:
Title:					
Preferred Na	ame:				
Permanent Address: Address Line 1 Address Line 2					
Correspond ence Address if Different from Permanent Address:					
Address Line 1 Address Line 2					
Town/City					
Post Code Country					
Date of Birth:					

Gender		
Ethnicity:		
Phone:		Email
		Church or Organisation
Name of Church	/Organisation: —	
Position Held:		
		Highest Educational Qualification(s)
College _		Address:
		VEQ. NO
From:	To:	YES NO Did you graduate? Certificate:
University		Address:
From:	To:	YES NO Did you graduate? Degree:
Other:		Address:
From:	To:	YES NO Did you graduate? Degree:
		Reference
Please give us	one reference who	o can testify about your suitability for this course.
Full Name:		Relationship:
Church:		Phone:
Address:		
		Disclaimer and Signature
I certify that my	answers are true	and complete to the best of my knowledge.
	n leads to employ esult in my release	ment, I understand that false or misleading information in my application or e.
Signature:		Date: