# CTC STUDENT APPLICATION FORM

**COURSE: Diploma in Theology, Biblical Interpretation, Diaspora Mission**

## APPLICANT INFORMATION

Title: _____          Date:_____

Full Name: _____

Preferred Name: _____

Phone: _____

Email: _____

Date of Birth: _____

Gender: _____

Ethnicity: _____

**Permanent Address:**

Address Line 1 _____

Address Line 2 _____

Town/City _____

Postcode _____

Country _____

**Correspondence Address (if different from Permanent Address):**

Address Line 1 _____

Address Line 2 _____

Town/City _____

Postcode _____

Country _____

## CHURCH

Name of Church: _____

Position Held: _____

How long have you been at the church? _____

## HIGHEST EDUCATIONAL QUALIFICATION(S)

**School/College/University:**

_____

Address: _____

From: _____ To: _____

Certification Gained: _____

**School/College/University:**

_____

Address: _____

From: _____ To: _____

Certification Gained: _____

**School/College/University:**

_____

Address: _____

From: _____ To: _____

Certification Gained: _____

*Please give us one reference who can testify about your suitability for this course.*

Full Name: _____

Email: _____

Phone: _____

Relationship: _____

Address: _____

Church: _____

## DISCLAIMER & SIGNATURE

Our lectures are held weekly on the allocated evening during term time. If your application is successful, will you be able to regularly attend and actively participate in lectures on the allocated evening?"

(Yes / No)

"If you selected "No", please state your reasoning below:"

_____

_____

_____

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____

Date: _____