



CTC Diaspora Mission Programme Registration Form

COURSE: Diaspora Mission

COST: £200

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? _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____