

# Application Form



IT IS IMPORTANT that you read the Application Procedure before you complete this form. This will be found on a separate sheet enclosed in this application pack or if you downloaded this from our website then see Application Procedure on the Application page. Answer ALL questions relevant to your application. Any unanswered questions will result in your application being delayed. If the question does not apply write N/A.

The application fee for a first or second year UK or EU resident is £15 (single) or £20 (married couple), the fee for an international student is £40 (single) or £45 (married couple). The application fee for a leadership academy student is £20 (single) or £25 (married couple). The non-refundable application fee must accompany your application, as well as two passport sized photographs (close up, head and shoulders only).

All recommendation forms must be filled out by the relevant people and returned directly to cbc: Your application can only be processed if you have followed all of the above instructions.

#### Registered Address:

817a Bath Rd, Brislington, Bristol BS4 5NL

T: 0117 977 5536 F: 0117 977 5678

E: [info@carmelbiblecollege.org](mailto:info@carmelbiblecollege.org)

W: [www.carmelbiblecollege.org](http://www.carmelbiblecollege.org)

[Twitter](https://twitter.com/CBCBibleCollege): CBCBibleCollege

[Skype](https://www.skype.com/CarmelBibleCollege): CarmelBibleCollege

[Facebook](https://www.facebook.com/CarmelBibleCollege): Carmel: Bible College

## ID Photo's

### ATTACH 1ST PHOTO HERE

Passport Size Photos Only

### ATTACH 2ND PHOTO HERE

Do not send Application Without Photos

## FOR OFFICE USE ONLY

Date received:

Student ID No:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Application fee                  | <input type="checkbox"/> Interview   |
| <input type="checkbox"/> Minister's Recom.                | <input type="checkbox"/> Accepted    |
| <input type="checkbox"/> Personal Recom.                  | <input type="checkbox"/> Rejected    |
| <input type="checkbox"/> Relative's Recom.                | <input type="checkbox"/> Conditional |
| <input type="checkbox"/> International                    |                                      |
| <input type="checkbox"/> English Language Evidence: _____ |                                      |

## APPLICATION FOR ADMISSION TO:

- FIRST YEAR PROGRAMME     SECOND YEAR PROGRAMME     CLA YEAR PROGRAMME

## A. PERSONAL AND GENERAL INFORMATION

### 1. FULL NAME

Title:  Mr     Mrs     Miss     Rev     Dr    Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

### 2. TELEPHONE NUMBERS AND EMAIL

HOME NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

WORK NO: Area Code: \_\_\_\_\_ No: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. RESIDENTIAL ADDRESS

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### 4. CORRESPONDENCE ADDRESS (IF NOT THE SAME AS ABOVE)

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

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## Application Form

## A. PERSONAL AND GENERAL INFORMATION

5. BIRTH DATE: Day  Month  Year  6. NATIONALITY: 

## International Applicants Only

Passport Number:  Place Of Birth: 7. NIS NUMBER  8. HOME LANGUAGE: 9. SEX:  Male  Female10. INDICATE WHETHER YOU WILL BE ATTENDING cbc: AS:  Individual  Married Couple

## 11. LIST DEPENDANTS:

INCLUDE THOSE THAT YOU SUPPORT FINANCIALLY]

First Name  Surname Age  Date of Birth  /  /  Relationship First Name  Surname Age  Date of Birth  /  /  Relationship First Name  Surname Age  Date of Birth  /  /  Relationship First Name  Surname Age  Date of Birth  /  /  Relationship 

## 12. YOUR PRESENT OCCUPATION:

## 13. NAME OF EMPLOYER:

## 14. ADDRESS OF EMPLOYER:

Post Code: 

## 15. NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME:  RELATIONSHIP: 

## TELEPHONE NUMBERS:

HOME NO: Area Code:  No: DAYTIME NO: Area Code:  No: 

## RESIDENTIAL ADDRESS:

Post Code:

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## Application Form

## B. MARITAL STATUS INFORMATION

## 1. MARITAL STATUS:

Single  Married  Widower  Divorced  Engaged  Widow  Separated  Remarried

a. Have you or your spouse been previously married?  Yes  No

b. If yes, give details: How many times:

Date of last marriage:



## 2. PERSONAL DATA OF SPOUSE/FIANCÉ (E):

Title:  Mr  Mrs  Miss  Rev  Dr Other:

Surname:  Maiden Name:

First Name:  Middle Name:

## TELEPHONE NUMBERS

HOME NO: Area Code:  No:

WORK NO: Area Code:  No:

BIRTH DATE: Day  Month  Year  NATIONALITY:

NIS NUMBER:  HOME LANGUAGE:

## SECOND YEAR APPLICANTS, GO TO QUESTION 4

## 3. OTHER DETAILS:

Is your spouse/fiancé(e) born again?  Yes  No

Is he/she filled with the Holy Spirit?  Yes  No

Will he/she be attending abtc with you?  Yes  No

## 4. AGREEMENT:

Is he/she in agreement with your decision to attend **cbc**?  Yes  No

Is he/she in full agreement with **cbc** terms and conditions?  Yes  No

To confirm agreement, signature of spouse required

\_\_\_\_\_

## SECOND YEAR APPLICANTS, GO TO SECTION D

1. Have you been born again according to John 3:3-6?  Yes  No

Place:  Date:

2. Have you received the Baptism of the Holy Spirit with the evidence of speaking in other Tongues according to Acts 2:4?  Yes  No

Place:  Date:

3. Have you been baptised as a believer by full immersion in water?  Yes  No

Place:  Date:

## 4. State your fundamental beliefs:

Do you believe the Bible is God's inspired Word and the only infallible Guide in matters pertaining to conduct and doctrine?  Yes  No

Do you believe in the Trinity - that is God is One, but manifested in three Persons: the Father, the Son and the Holy Spirit?  Yes  No

Do you believe in the Deity of Jesus Christ, that He is God made flesh and that He is the only Mediator between God and man?  Yes  No

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## Application Form

## C. SPIRITUAL DETAILS CONT.

CLA APPLICANTS, GO TO QUESTION 7

## 5. Have you ever been involved with any of the following? Tick (F - Formerly, P - Presently)

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Spiritism/Spiritualism (Margaret & Kate Fox) | <input type="checkbox"/> <input type="checkbox"/> Free Masonry                      |
| <input type="checkbox"/> <input type="checkbox"/> Christian Science (Mary Baker Eddy)          | <input type="checkbox"/> <input type="checkbox"/> Mind Science/Hypnotism            |
| <input type="checkbox"/> <input type="checkbox"/> Scientology (L. Ron Hubbard)                 | <input type="checkbox"/> <input type="checkbox"/> Astrology/Fortune Telling/Occult  |
| <input type="checkbox"/> <input type="checkbox"/> The Unification Church (Sun Myung Moon)      | <input type="checkbox"/> <input type="checkbox"/> Sat Sungy/Hinduism/Buddhism       |
| <input type="checkbox"/> <input type="checkbox"/> The Worldwide Church of God (Armstrong)      | <input type="checkbox"/> <input type="checkbox"/> Hare Krishna (A.C. Bhaktivedanta) |
| <input type="checkbox"/> <input type="checkbox"/> Mormonism (Joseph Smith)                     | <input type="checkbox"/> <input type="checkbox"/> Islam (Muhammed)                  |
| <input type="checkbox"/> <input type="checkbox"/> Jehovah's Witnesses (Charles T. Russell)     | <input type="checkbox"/> <input type="checkbox"/> Baha'i (Mizra Ali Muhammad)       |
| <input type="checkbox"/> <input type="checkbox"/> Anything else (Specify)                      | If none of the above apply, write NA here:  |

## 6. Have you ever attempted suicide:

- Yes  No If 'Yes', please explain briefly on a separate page

## 7. Have you been counselled in the last six months concerning personal or family problems?

- Yes  No If 'Yes', explain briefly:

Who counselled you?

## 8. ADDICTIVE HABITS (Please give 'FACT' answers and not 'FAITH' answers):

Have you ever used:

- |                                 |  |                           |  |
|---------------------------------|--|---------------------------|--|
| Tobacco?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes', date last used: | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Alcohol?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes', date last used: | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Illegal or habit forming drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes', date last used: | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| What drug(s)?                   |  | How long for?             | <input type="text"/>   |

We feel that in order for the person to assume a leadership role in the Christian ministry, the highest standard of personal conduct is expected. This includes abstinence from the use of tobacco, alcohol or illegal drugs. If **cbc:** is notified that I have violated the above stated policy, it could be grounds for immediate dismissal.

- I will abide by this policy  I cannot abide by this policy

Signature Date:  /  / 

## D. MINISTERIAL DETAILS

## 1. In which church/denomination do you consider yourself to have been raised?

## 2. State the details of the church you currently attend:

Name and address of Church:



Post Code:

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## Application Form

### D. MINISTERIAL DETAILS CONT.

3. How long have you attended this Church?  If less than one year, explain briefly:
4. What is your position in the Church?
5. List Church activities you have been involved in and for how long:
6. Which Church did you attend before?

#### SECOND YEAR APPLICANTS, GO TO SECTION H

7. Do you have a definite call of God on your life to enter the ministry? (Into the Five Fold Ministry)  
 Yes  No  Not Sure  
 If 'Yes', explain briefly when, how and why you know that you are called of God:
8. Identify the area(s) of ministry to which you feel God is calling/has called you:  
 Missions  Pastor  Helps  Evangelist  Teacher  Other (Specify):
9. Do you hold ministerial credentials with any organisation?  Yes  No  
 If 'Yes' are you  Licensed?  Ordained? Which organisation/denomination?

#### CLA APPLICANTS, GO TO SECTION E

10. If you are currently not involved with a church, please explain why on a separate page.

### E. CHURCH AFFILIATION AND REFERENCES

1. Minister's recommendation given to (Must be your Pastor):  
 NAME:  CHURCH:   
 TELEPHONE NO: Area Code:  No:   
 RESIDENTIAL ADDRESS:  
  
 Post Code:

#### CLA APPLICANTS, GO TO SECTION F

2. (a) Personal recommendations given to (a) someone who has known you well for a year or more.  
 NAME:  CHURCH:   
 TELEPHONE NO: Area Code:  No:   
 RESIDENTIAL ADDRESS:  
  
 Post Code:

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## Application Form

### E. CHURCH AFFILIATION AND REFERENCES CONT.

(b) Personal recommendations given to (b) a relative.

NAME:  CHURCH:

TELEPHONE NO: Area Code:  No:

RESIDENTIAL ADDRESS:

Post Code:

### F. EDUCATIONAL HISTORY

1. Tick highest level of secular education attained:  GCSE  A Levels  Diploma  Bachelors  
 Honours  Masters  Doctorate  Other (Specify):

2. Have you ever been denied acceptance or been expelled, dropped or suspended from any

School/College/University?  Yes  No Date:  /  /

3. List the Secondary School and Tertiary educational institutions attended by you:

Name of School	From (Year) to (Year)	Diploma/Degree/etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### FIRST YEAR APPLICANTS, GO TO SECTION G

4. State which Bible Training Centre you attended:

5. Confirm number of years attended:  One  Two

6. State the year that you graduated:

### G. OCCUPATIONAL HISTORY

1. Please list your present and past work experience starting with your present employer:

Name of Employer	From (Year) to (Year)	Occupation/Duties Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. List any occupational/professional skills you possess:

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## Application Form

### H. FINANCIAL HISTORY

The Administrators of cbc: are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his/her financial responsibilities are very significant to a successful ministry. Thus, we desire the following information:

1. Please indicate how you plan to pay your expenses:

- Spouse Employment       Savings       Parents (Amount Promised) £   
 Sponsor (Amount Promised) £   
 Other (Specify)  (Amount Promised) £

If sponsored, signature of sponsor is required:

Date  /  /

Signature of sponsor or parent(s) (if applicable).

CLA APPLICANTS NOTE: The content of the CLA Programme will not enable you to work whilst you study. Thus, we require proof of your ability to pay your expenses without working.

2. Have you had any civil or criminal proceedings against you?  Yes  No

If Yes, explain and include all charges and sentences for the last twenty years on a separate sheet.

If Imprisoned, include the date of your release:

3. Are there currently any judgements against you?  Yes  No

If Yes, explain:

### I. MEDICAL DATA

1. Height:  m  cm      Weight:  kg

2. Indicate by ticking your physical condition (E - Excellent, G - Good, F - Fair, P - Poor)

<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>		<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>		<b>E</b>	<b>G</b>	<b>F</b>	<b>P</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes/Eyesight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears/Hearing

3. Relate any illnesses/conditions that you have had/presently have:

4. Have you ever been committed/voluntary patient in a mental hospital/sanitarium?

Yes  No

If Yes, specify date, reason, name of doctor and address of sanitarium:

5. Do you have any physical disabilities?  Yes  No

If Yes, specify:

6. Do you have any known drug allergies?  Yes  No

If Yes, specify drug (s):

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## Application Form

### I. MEDICAL DATA CONT.

7. Are you presently taking any form of medication?  Yes  No

If Yes, name of medication/drug:

How often?

Name of attending Physician:

Address of Physician:

Post Code:

8. Medical Consent:

"I hereby grant permission to cbc: or its consulting physician to render to me any emergency treatment, medical or surgical care that might be deemed necessary. When necessary for executing such care, I also grant permission for hospitalisation at an accredited hospital."

You must tick YES or NO and sign on the line below

Yes  No

Date

 /  / 

Applicant must sign

### J. DECLARATION

SECOND YEAR APPLICANTS, GO TO QUESTION 3

CLA APPLICANTS, GO TO QUESTION 4

1. Explain briefly on a separate sheet why you want to attend carmel: bible college.

2. Have you previously submitted an application to attend cbc:?

Yes  No

Date:

 /  / 

3. Are you planning to cbc: under an international study visa?

Yes  No

4. If under 18 years, has consent of parent(s)/guardian been obtained for your studies at cbc:?

Yes  No

Date

 /  / 

Signature of parent(s)/guardian

5. "I understand that all items submitted to cbc: as part of the application process will not be returned.

I hereby state that all the information contained in this application is correct and true. If cbc: is notified that any of this information is false, it could be grounds for immediate dismissal."

Date

 /  / 

Signature of applicant

#### Data Protection Act

Unless otherwise informed, all relevant information contained in this application form will be kept on the cbc: database for use by cbc: to maintain student records. It is the policy of cbc: and cla: not to pass your information to third parties, but to keep you informed of events as necessary.

# Recommendation Form

## Ministers - Personal - Relative's


**Registered Address:**

817a Bath Rd, Brislington, Bristol BS4 5NL

T: 0117 977 5536 F: 0117 977 5678

E: info@carmelbiblecollege.org

W: www.carmelbiblecollege.org

Twitter: CBCBibleCollege

Skype: CarmelBibleCollege

Facebook: Carmel: Bible College

This information should be sent directly to **cbc:** and will be highly confidential.

### 1. NAME OF PROSPECTIVE STUDENT

 Title:  Mr  Mrs  Miss  Rev  Dr  Other: 

 Last Name:  Maiden Name: 

 First Name:  Middle Name: 

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

### A. DETAILS OF RECOMMENDING MINISTER/FRIEND/RELATIVE

#### 1. NAME OF RECOMMENDING PERSON

 Title:  Mr  Mrs  Miss  Rev  Dr  Other: 

 Last Name:  Maiden Name: 

 First Name:  Middle Name: 

#### 2. TELEPHONE NUMBERS

 HOME NO: Area Code:  No: 

 WORK NO: Area Code:  No: 

#### 3. POSTAL ADDRESS

 Post Code: 

#### 4. RESIDENTIAL ADDRESS (IF NOT THE SAME AS ABOVE)

 Post Code: 

#### 5. CHURCH NAME

#### 6. CHURCH ADDRESS

 Post Code: 

#### 7. POSITION IN THE CHURCH

How long have you held this position?

#### 8. ARE YOU A GRADUATE OF **cbc:**?

 Yes  No If 'Yes', which year? 

#### 9. STATEMENT OF FAITH? (If you are a pastor of a church, we kindly request a copy of your church's statement of faith.)

 Please indicate whether it is attached:  Yes  No  NA

## 02

## Ministers/Personal/Relative's Recommendation Form

## B. EVALUATION OF APPLICANT

1. How long have you known the applicant?

2. A: Describe your relationship:

Close  Casual  Distant

B: Indicate your position in this relationship:

Pastor  Friend  Co-Worker

Ministry  Family  Other Specify

3. PLEASE EVALUATE THE APPLICANTS CHARACTER AND LIFESTYLE (E=Excellent, G= Good F=Fair P=PoorU=Unknown)

E G F P U

Christian life and testimony  
     Honesty and integrity  
     Ability to work with others  
     Ability to Minister  
     Financial responsibility

E G F P U

Moral attitudes  
     Consideration for others  
     Personal cleanliness  
     Response to authority/instruction/discipline  
     Academic ability

4. TO YOUR KNOWLEDGE, DOES THE APPLICANT:

Use tobacco?  Yes  No  Unknown

Drink alcoholic beverages?  Yes  No  Unknown

Gamble?  Yes  No  Unknown

Use illegal/habit forming drugs?  Yes  No  Unknown

5. Does the Applicant have a record of being involved in serious community disturbance?  Yes  No  Unknown

6. A: Briefly describe the applicants married/family life:

B: Briefly describe the companions the applicant usually associates with:

7. Indicate the terms which describe the applicants attitude towards the church and it's activities:

Warmhearted/Enthusiastic  Tolerant/Passive  Critical/Contemptuous

8. Is the applicant involved in active ministry?  Yes  No  Unknown

9. Do you think the applicant is called to the five-fold ministry?  Yes  No  Unknown

10. Do you recommend the applicant be considered for cbc?  Yes  No  Unknown

11. PLEASE GIVE ANY COMMENTS THAT WOULD BE HELPFUL IN EVALUATING THE APPLICANT:

(continue on a seperate sheet if necessary)

Date

/  /

Signature of recommending minister/friend