



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: _____

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

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: _____
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.

>>Application Form

FOR OFFICE USE ONLY

ATTACH 1ST PHOTO HERE

Passport Size Photos Only

ATTACH 2ND PHOTO HERE

Do not send Application Without Photos

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"/> Acceptance Letter Sent: _____ | <input type="checkbox"/> Finance |

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 is £40 (single) or £60 (married couple). The non-refundable application fee must accompany your application, as well as TWO passport size 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.

APPLICATION FOR ADMISSION TO:

FIRST YEAR PROGRAM

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
HOME NO: Area Code: _____ No: _____
WORK NO: Area Code: _____ No: _____

3. RESIDENTIAL ADDRESS _____
Post Code: _____

4. CORRESPONDENCE ADDRESS (IF NOT THE SAME AS ABOVE) _____
Post Code: _____

5. EMAIL ADDRESS _____ @ _____

>>Application Form

5. BIRTH DATE: Day Month Year 6. NATIONALITY:
7. NIS NUMBER 8. HOME LANGUAGE:
9. SEX: [] Male [] Female
10. INDICATE WHETHER YOU WILL BE ATTENDING cbc: AS: [] Individual [] Married Couple
11. LIST DEPENDANTS: INCLUDE THOSE THAT YOU SUPPORT FINANCIALLY
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:

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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:

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

- 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)
E G F P E G F P E G F P
[] [] [] [] General Health [] [] [] [] Heart [] [] [] [] Eyes/Eyesight
[] [] [] [] Lungs [] [] [] [] Kidneys [] [] [] [] 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):

>>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.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any occupational/professional skills you possess:

>>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: _____

<p>3. OTHER DETAILS:</p> <p>Is your spouse/fiancé(e) born again? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is he/she filled with the Holy Spirit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will he/she be attending cbc: with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. AGREEMENT:</p> <p>Is he/she in agreement with your decision to attend cbc? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is he/she in full agreement with cbc: terms and conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>To confirm agreement, signature of spouse required _____</p>
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C. SPIRITUAL DETAILS

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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C. SPIRITUAL DETAILS CONT.

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

F P	F P
<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? Yes No If 'Yes', date last used: _____

Alcohol? Yes No If 'Yes', date last used: _____

Illegal or habit forming drugs? Yes No If 'Yes', date last used: _____

What drug(s)? _____ How long for? _____

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: _____

>>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? _____

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? _____

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: _____

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: _____