



London School of Ministries & Theology

A Christian Ministry Training Institute

"Equipping Everyone To Engage in Mission and Ministry"

APPLICATION FOR ADMISSION

Admission Sought For

Autumn

Spring Term

J Term



PHOTO HERE

Bachelor of Theology (B.Th)

Diploma in Theology (D.Th)

Certificate In Theology (C.Th)

Selected Subjects of Interest Only

Personal Information

Full Name	:	<input type="text"/>	
Date of Birth	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	:	<input type="text"/>	
Your Occupation	:	<input type="text"/>	Nationality : <input type="text"/>
Mother Tongue:	:	<input type="text"/>	Permanent Address : <input type="text"/>
Other languages speak, read and write	:	<input type="text"/>	
Name of Spouse (If Married)	:	<input type="text"/>	
No of Children	:	<input type="text"/>	Telephone No : <input type="text"/>
Hometown	:	<input type="text"/>	Whatsapp No : <input type="text"/>
Country	:	<input type="text"/>	Email : <input type="text"/>



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Spiritual Background

Pastor's Name:

Name & Address of Church:

Telephone No:

Email ID:

How long have you been a member of this Church?

What is your Denominational Affiliation?

When did you receive Jesus Christ as your personal Saviour?

When did you receive water baptism?

Do you have a definite call for Christian service? Yes No

Are you filled with Holy Spirit (Acts. 2:4)? Yes No

Are you involved any kind of Christian Ministry? If so give details



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Educational Qualification's

Schools/Institutions	Qualifications	Place of Study	Grade	Year Obtained

State why would you like to join this programme?

References

Please give two References

1. Name :	<input type="text"/>	2. Name :	<input type="text"/>
Organization and position :	<input type="text"/>	Organization and position :	<input type="text"/>
Email and Tel.No. :	<input type="text"/>	Email and Tel.No. :	<input type="text"/>

Personal Testimony (In 500 Words)

Declaration and Pledge

Signature:

I _____ (name) hereby declare that every information given above is true and correct.

Date: