

Centre for Theological Leadership Training (CTLT)
Certificate Course
Application Form

Name: Mr./ Mrs./ Ms. _____ Gender: M / F
Christian Surname

Date-of-birth: _____ Nationality: _____ Occupation: _____
DD/MM/YYYY

Physical addresses: _____

_____ PO Box No.: _____ KY__ - _____

Telephone: Home: _____ Work: _____ Mobile: _____

E-mail: _____ Emergency contact: _____
Name Tel. No.

Education:

Dates:	Institution:	Grade/ Level:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional qualifications relevant to the course: _____

Church affiliation and location: _____ Pastor/Leader: _____

Position/Responsibilities/Ministries: _____

Overleaf, please state briefly why you want to do this course

Please submit the completed application form along with your registration fee of KYD \$100.00 plus KYD\$150.00 (50% of the cost of the first semester) to your church office and call the director on **922-3902** or email **info@ctl.t.ky** to confirm the application is ready for collection. Cheques should be made payable to "CTLT".

Signature

Date