



CHUK BIBLE TRAINING COLLEGE.

P.O. BOX 691-60400

CHUKA

Email: chukbibletrainingcollege@gmail.com

Tell: 0113624354

FIIL THIS FORM BLOCK LETTERS ONLY.

(Mr /Mrs /Miss/ Pst.....)

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

GENDER

Country County.....

Constituency.....

ID NO..... Mobile phone no.....

Email

Next of Kin..... Contact

INTENDED PROGRAM

tick where applicable

Diploma in Theology

Pastoral Certificate

Leadership Certificate

EDUCATIONAL LEVEL

NAME OF INSTITUTION	ADDRESS	QUALIFICATION	YEAR

SUPPORT SERVICES

Do you have any disability (tick where appropriate)

Hearing	<input type="checkbox"/>
Speaking	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mobility	<input type="checkbox"/>

How do you propose to support your Education financially? (Tick where appropriate)

Self	<input type="checkbox"/>	Sponsored	<input type="checkbox"/>
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RECOMMENDATION FROM YOUR CHURCH

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Date.....Signature.....Stamp.....

DECLARATION.

I.....declare that the information given herein is true to my knowledge, correct and appropriate.

I do also understand that giving false information can lead to dismissal and or be denied Admission.

Name of Applicant:..... Signature:.....

OFFICIAL USE

RECEIVING OFFICER

DATE**STAMP**.....

SIGNATURE.....