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## APPLICATION FORM for DIPLOMA IN APPLIED THEOLOGY

Personal Information		
Surname:	First Name(s):	Title:
Date of birth:	Nationality:	
Single	Engaged $\Box$	Married
Single 🗀	Engaged Ш	магней 🗀
Address (including post	code):	
Telephone No:	Email:	
Testimony		
Please give us a brief ac	count of how you came to faith	in Christ

FAIICATION FYNERIENCE
Education Experience Please provide details of end of school qualifications and any further education you have undertaken,
along with qualifications gained
along with qualifications gained.
Employment Experience
Please provide details of current and previous employment, giving name of employer and nature of
employment. We will not contact any employer without your express permission.
employment. We will not contact any employer without your express permission.

Church Experience							
What is the name and denomination (if any) of your home church?							
How long have you been a member $\square$ or adherent $\square$ ?							
Is your church leadership supportive of this application? (It is vital that you have the church leadership's support before submitting this form)							
In what way(s) are you actively involved in your local church?							
Ministry Experience What experience have you had, if any, of							
what experience have you had, if any, or	often	some	none				
Leading meetings/services?							
Teaching the Bible?							
Preaching?							
Mission / evangelism?							
Children's work?							
School's based work?							
Youth work?							
Leadership							
Pastoral work							

Spiritual Experience				
Have you ever read the Bible right through?	How often?			
How much time do you give to daily Bible reading and prayer?				
Give some examples of receiving specific answers to prayer				
Apart from the Bible, which books have most influenced you in	the last 3 years?			
Life Evnevience				
Life Experience List any hobbies/sports/voluntary work in which you are involve	ed.			
List any hobbies, sports, voluntary work in which you are involve	.u			
What do you see as your personal strengths?				
What do you perceive to be areas of personal weakness?				
What events, apart from conversion, have most influenced your	· life?			
Do you have any disabilities, including learning difficulties, for while studying at Edinburgh Bible College? (If Yes, please give				

Edinburgh Bible College		
How did you learn about Edinburg	gh Bible College?	
NAME & The second of the secon	· 4l-:	
What are your reasons for conside	ering this course?	
Referee		
(These should not be related to y		Please obtain their agreement first)
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## **Declaration**

- to the best of my knowledge, all of the above information is correct
- this information may be shared with appropriate members of the College staff and that, if I am accepted as a student,
- I agree to participate, as required, in the worship and prayer life of the College as well as in the programme of study
- I will at all times respect those whose views differ from my own and will seek to live in a spirit of fellowship with all in the College community

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Signature:

Date:

- Please return this form along with a cheque for the non-refundable registration fee of £20, made payable to Edinburgh Bible College. Alternative means of payment can be found on the website.
- If you are not usually resident in the UK, please also send a photocopy of your passport pages showing your personal details and nationality. *Please note that we cannot consider applications from anyone who requires a visa to live or study in the UK.*



The College is registered under the Data Protection Act for the storage or personal and educational information relating to current and past students. We will not disclose your personal details to any other party without your stated permission or unless legally obliged to do so. You have the right, at any time, to ask to see any data we hold about you.