



INDEPENDENT THEOLOGICAL ACADEMY

Tel: 0788 884 0576, 0749 686 0348 or 0796 131 5247

The details requested on this application form will give us information about yourself and your interest in pursuing a course of training at the Independent Theological Academy. The more thoroughly you complete the form the better able we are to make an assessment of your application and your needs. We therefore urge you to carefully fill in the form. Once completed return this form, together with a passport size photograph and £100 application fee.

PLEASE WRITE YOUR RESPONSES CLEARLY.

PERSONAL DETAILS

1. REV/DR/PASTOR/MR/MRS/MISS/MS (delete as applicable)
2. SURNAME..... FORENAME.....
3. ADDRESS.....
.....POST CODE
4. TELEPHONE (DAY)..... (EVENING)
5. DATE OF BIRTH

SPIRITUAL LIFE DETAILS

6. WHEN DID YOU BECOME A CHRISTIAN?
7. WHEN WERE YOU BORN AGAIN?
8. BRIEFLY DESCRIBE HOW YOU WERE BORN AGAIN
9. ARE YOU BAPTISED AND FILLED WITH THE HOLY GHOST? YES/NO DATE

CHURCH INFORMATION

10. WHAT CHURCH ORGANISATION DO YOU ATTEND?
11. WHAT POST OR RESPONSIBILITY DO YOU HOLD IN YOUR CHURCH ORGANISATION?
12. HAVE YOU DISCUSSED THIS APPLICATION WITH YOUR CHURCH LEADERSHIP? YES/NO
13. DO YOU HAVE THE SUPPORT OF YOUR CHURCH FOR THIS COURSE? YES/NO

FAMILY INFORMATION

14. MARITAL STATUS: SINGLE: MARRIED: SEPARATED: ENGAGED: REMARRIED: DIVORCED OR WIDOWED
- 15 DO YOU HAVE CHILDREN? YES/NO
16. IS YOUR WIFE/HUSBAND/FIANCE A CHRISTIAN? YES/NO
17. WHICH CHURCH DOES SHE/HE ATTEND?

18. IS SHE/HE IN SUPORT OF YOUR DESIRE TO ATTEND THIS COURSE? YES/NO

EDUCATION

19. HAVE YOU ATTENDED ANY BIBLE SCHOOL? YES/NO

IF YES PLEASE STATE NAME

20. GIVE BRIEF DETAIL(S) OF ANY CHRISTIAN TRAINING COURSES YOU HAVE ATTENDED

21. WHY ARE YOU APPLYING FOR THIS COURSE?

OTHER DETAILS

22. BRIEFLY STATE ANY HEALTH CONDITION YOU WOULD LIKE US TO KNOW ABOUT

23. BRIEFLY STATE ANY PERSONAL CIRCUMSTANCES YOU WOULD LIKE US TO KNOW ABOUT.....

REFERENCE DETAILS

GIVE DETAILS OF A CHRISTIAN FROM WHOM WE MAY REQUEST A REFERENCE (PREFERABLY YOUR CHURCH LEADER)

NAME: STATUS

ADDRESS:

..... POST CODE

APPLICANT'S DECLARATION

I, THE UNDERSIGNED HEREBY APPLY FOR ADMISSION INTO THE I.T.A. I DECLARE THAT:

THE INFORMATION GIVEN IN THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND, I WILL ABIDE WITH THE RULES AND REGULATIONS OF THE SCHOOL AND BE LOYAL TO ITS AUTHORITY.

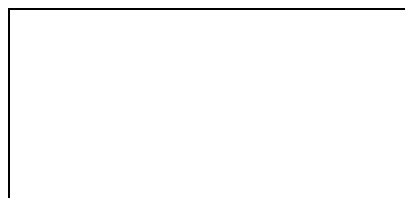
I AGREE THAT SHOULD I WITHDRAW FROM THE SCHOOL BEFORE THE COURSE FINISHES, I WILL BE LIABLE FOR THE PAYMENT OF THE FULL FEES AS REQUESTED BY THE SCHOOL OF DELIVERANCE

FOR OFFICIAL USE ONLY

(1) Application forwarded to the lecturer for oral interview. Date

(2) Name Signature Date

Official Stamp





INDEPENDENT THEOLOGICAL ACADEMY

RECOMMENDATION FORM

PLEASE GIVE THIS FORM TO THE REFEREE INDICATED ON YOUR APPLICATION FORM AND RETURN IT TO US AS SOON AS POSSIBLE

THE APPLICANT

SURNAME:

FIRST NAME

REFEREE

REV/DR/MR/MRS/MISS/MS:

FORNAME(S):

SURNAME:

FIRSTNAME

ADDRESS:

.....

POST CODE

SIGNATURE: DATE:

WHAT IS THE NATURE OF YOUR RELATIONSHIP WITH THE APPLICANT?

PLEASE COMMENT ON THE APPLICANTS GENERAL CHARACTER:

.....

.....

FEES

Course: Diploma

Duration: 3months

Days: Saturdays

Time: 10.30am

Fees: £450 inclusive of deposit fee of £100. The rest £350 can be paid in instalments before the end of the course, approx 3months. Let us know how much you wish to pay every month and then you have to sign a declaration of your proposed payment plan.

P.S. Please note 3months is ONLY FOR STAGE 1, there are 4 different stages which will take place as we go along

Should you have any queries feel free to call us and we will answer all your questions.

Keep the fire burning!