

ENROLMENT FORM

Bethel International Training College

2026/2027 Academic Year



Please fill in as much of this form as you can. If something does not apply to you, you can leave it blank and move on to the next.

PERSONAL DETAILS

APPLICANT'S FULL NAME				
GENDER	Male	Female		
DATE OF BIRTH				
MARITAL STATUS	Single	Married	Widowed	Divorced
NUMBER OF CHILDREN AND AGES				

CHURCH DETAILS

CHURCH AFFILIATION	
POSITION IN CHURCH (IF ANY)	
WHEN DID YOU BECOME A CHRISTIAN?	
HAVE YOU BEEN WATER BAPTISED? IF YES, WHEN?	

EDUCATION DETAILS

WHAT IS YOUR HIGHEST LEVEL OF FORMAL EDUCATION?	
HAVE YOU COMPLETED OTHER BIBLICAL OR VOCATIONAL TRAINING? IF YES, GIVE DETAILS.	

HEALTH DETAILS

DO YOU HAVE ANY ADVERSE HABITS (SMOKING, DRINKING ETC)?	
DO YOU HAVE ANY MEDICAL CONDITIONS OR HEALTH PROBLEMS?	

CONTACT DETAILS

CURRENT RESIDENTIAL ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT NUMBER	

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TICK WHICH COURSE YOU ARE ENROLING IN (ONLY TICK ONE)

FRONTIER EVANGELISM INSTITUTE - <i>Certificate in Evangelism and Church Planting</i>	☐
WORLD MISSIONS FAITH TRAINING SCHOOL - <i>Certificate in Missiology</i>	☐
BETHEL BIBLE COLLEGE - <i>Diploma in Theology and Ministry</i>	☐
BETHEL PRESCHOOL TEACHER TRAINING - <i>Diploma in Early Childhood Education and Care</i>	☐

WRITE THE REASONS YOU WANT TO ATTEND THIS COURSE

YOUR SIGNATURE _____

DATE _____