



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 £100.00 application fee.

**PLEASE WRITE YOUR RESPONSES CLEARLY.**

## **PERSONAL DETAILS**

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

## **SPIRITUAL 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 DETAILS**

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 DETAILS**

14. MARITAL STATUS: SINGLE: MARRIED: SEPARATED: ENGAGED: REMARRIED: DIVORCED OR WIDOWED
- 15 DO YOU HAVE CHILDREN? YES/NO
16. IS YOUR WIFE/HUSBAND/FIANCÉ 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 .....

### **THE REFEREE**

REV/DR/MR/MRS/MISS/MS

SURNAME: .....

FIRSTNAME .....

ADDRESS: .....

.....

POST CODE .....

SIGNATURE: ..... DATE: .....

WHAT IS THE NATURE OF YOUR RELATIONSHIP WITH THE APPLICANT? .....

PLEASE COMMENT ON THE APPLICANTS GENERAL CHARACTER: .....

.....

.....

Tel: 07888 840 576; 07496 860348; 07961 315247