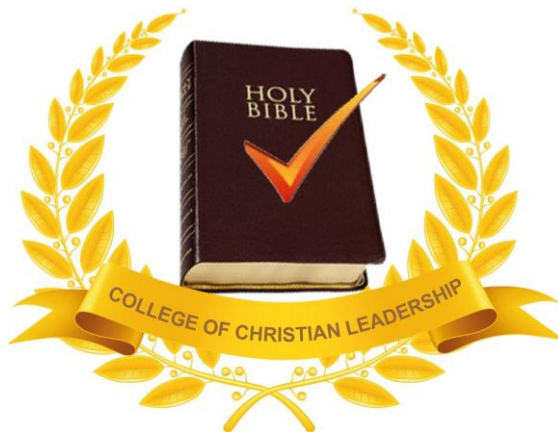


College of Christian Leadership

"Where Vision becomes Mission"



Please affix
photograph here

PO BOX 2817
WHITE RIVER 1240
SOUTH AFRICA

YEAR FOR WHICH THIS APPLICATION APPLIES _____

FOR CCL OFFICE USE

Student Login Name _____

Student Password _____

College of Christian Leadership (CCL) welcomes the opportunity to serve you by equipping you to fulfill God's call upon your life. Please print or type the following information and submit this application to CCL. Even when you are married, each individual should fill out a separate application form.

Course choice: DIPLOMA IN PRACTICAL THEOLOGY	Preferred start date
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Title:	First Name
Gender:	Surname
Date of birth:	Nationality:
dd/mm/yyyy	



Marital Status	
Marital Status (mark with an X): Single	Engaged
separated	Divorced
Married	Widowed



If married	
Name of Spouse	
Date of birth	Date of marriage
dd/mm/yyyy	dd/mm/yyyy



Address:	
Country:	Postal Code:
Email:	Telephone
	Mobile

The purpose of College of Christian Leadership is to create a welcoming community in which God works to form His people by integrating spiritual, academic and experiential learning rooted in His Word, for growth in Christian life and service, locally and around the word. CCL endeavours to produce Christian leaders who commit themselves to:

- a. The spreading of the Gospel of Jesus Christ through Christian services, theological training, seminars, evangelistic outreaches, multi-media and whatever means it may deem fit.
- b. Live victorious lives because they are taught how to understand the Bible and apply it in their everyday lives and situations.
- c. Support missionary work by receiving and sending missionaries.
- d. Promote and encourage cooperation with other similar organisations.

e. Allow the lay persons to have a ministry in the Body of Christ even though they are not called into “fulltime” ministry.

Please tell us why you are applying to study at CCL (continue on a separate sheet if necessary)

YOUR EDUCATIONAL EXPERIENCE

Please give details of your high school qualifications and any other qualifications gained in further/higher education.

Name of school/College/University	Qualifications and Grade	Date awarded

YOUR WORK EXPERIENCE

Please give details of your current employment

Employer	Position

YOUR CHRISTIAN EXPERIENCE

Tell us how you came to faith in Christ (continue on a separate sheet if necessary)

DENOMINATION/CHRISTIAN TRADITION

Which church do you currently attend? _____

How long have you been attending there? _____

Please tell us about your church involvement

Have you sought the support of your church leaders for this application?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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In which ways and to what extent (prayer, finance, practical, etc.) is your church willing to support you?

Tell us of any Christian ministry in which you have engaged outside of your home church.

What is the vision for your ministry in the future?

Do you require additional learning support because of disability, medical condition and/or learning disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Please outline the specific support you think you would require

It is the responsibility of the student to pay their fees by dates given. Any student who fails to meet this obligation will not be permitted to proceed to the next part of their course or to graduate.

Tell us how you will finance your course of study with CCL.

REFEREES

Please give the names and contact details of two individuals who would be willing to act as referees. One of these should be an academic reference and the second should be your Minister, Pastor or Church Leader.

Name and Position	Address	Email

Signature: _____ Date: _____

This application should be accompanied by a non-refundable registration fee of R200 (US-\$22) returned to:

Admissions, College of Christian Leadership,

Victory Tabernacle, Simonsberg Street, Kingsview Ext 3, White River, 1240

Or,

PO Box 2817, White River, 1240

Or,

Fax +27 866073314

Or

Email pastor@victorytab.org.za

Phone 27-13-7500716

BANKING DETAILS

Account Holder: LKV Resourcing

Account Number: 62491709112

Account Type: FNB Cheque

Bank: First National Bank (FNB)

Branch Name: White River

Branch Code: 250655