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ACTION CHAPEL INTERNATIONAL, PRAYER CATHEDRAL,
37 SPINTEX ROAD, ACCRA
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APPLICATION FORM

To be filled in by all applicants for entry into the DTS.

You can complete this form by printing it out first (if accessing this online). Please fill in all areas clearly.

You must then print it off and sign it and give it to your pastor to read and sign, to show that he and/or she has seen your application. We will ask him for a reference in due course.

Return the completed form, with photo attached, by post to the Administrator at the above address or by email as a scanned document or PDF file.

Also complete the accompanying testimony/calling form and return it at the same time, to get her with the documents listed at the end of this form.

Before completing this form please read carefully the text in the text box below.

We need to inform you that all the data that you provide in this application form and any future data you will provide as a student will be managed according to our Data Protection Policy.

We therefore require that you read this policy and all the DTS policies that can be found on the DTS handbook and by sending your application, you will be agreeing to these policies. We will require your signature to this effect when you arrive.

1. Personal Details

Surname (family name):

Forename(s):

Full postal address:

.....

Telephone (home):

Mobile.....

E-mail:

Nationality: Gender:

Date of birth:

Your age now: Present occupation: For

how long? Other trade/profession/qualification?

.....

Are you: Single? Engaged? Married? Separated?

Divorced? Remarried?

How many children do you have, if any?

What is your main language?

What is your level of competence in English?

Beginning

Intermediate

Advanced

Education/Employment:

Junior/Secondary Education

Name of School	Dates to & from	Qualifications

Further Education

Name of Establishment	Dates to & from	Qualifications

Employment

Name of Employer	Dates to & from	Position

Further Training

Name of Establishment	Dates to & from	Qualification/skills

1 Christian Background

Give the date of your conversion:

Have you been baptized in water?

Give the date of your baptism:

Do you believe that the Bible is the inspired Word of God?

Are you baptized in the Holy Spirit with the evidence of speaking with other tongues?

Give the name and denomination of the local church you attend regularly:

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How long have you attended it?

Give the name of them minister:

List any church activities you are, or you have been, involved in:

.....

.....

Name any other Christian organization you are, or you have been, involved with:

What Christian training have you had?

Why are you coming to DTS?

What do you plan to do after the Theological Seminary?

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.....

.....

2. Medical Report

Are you in good health?

Have you good eyesight? Do you wear glasses? Is

your hearing good? Do you use a hearing aid? Are

you suffering from any illness at the present time? Please

give details:

State any previous illness:

State any previous addictions:

Are you on any regular medication? If so, what?

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Have you ever suffered from any problem such as:

Epilepsy? Depression?

Mental illness?

Other, please give details?

Do you have any physical disabilities?

If Yes, which of the following disabilities do you have?

- Blind and partially sighted
- Severely or profoundly deaf
- Physical Disabilities

Please describe your disability, giving as much detail as possible and any accommodated needs:

.....

.....

.....

How long have you had this disability & Do you use mobility aids?

.....

Have you ever been identified as having a learning disorder or suspect that you may have one?

Yes/ No _____

Please ensure that you have a medical and dental check-up before you come to the Seminary

Financial Information

Fees are pay able in advance by term only

60% - 1st Payment payable on the day of Registration – 522 Ghc and

40% - 2nd Payment payable on 27th October 2018 – 348 Ghc

How do you expect to meet the expenses for your course (fees and living expenses)?

From your own savings?

With the help of: Relative? Church?Other?

Relative's/Sponsor's name:

Relative's/Sponsor's Signature:

If married, who will look after your family?

Are you in debt in any way? Please give details:

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3. Course Details

Which course do you wish to apply for:

TWO YEAR Advanced Certificate Course – Strategic Pastoral Leadership

ONE YEAR Certificate Course (3 Options) - Please specify which program topic:

Charismatic Ministry

Evangelism & Missions

Christian Care & Counseling

Are you attending as a:

Day Student

Evenings & Weekends

If during your training you are proved unsatisfactory, DTS reserves the right to terminate your studies.

By signing this application you are also agreeing to let the college know about every change of your circumstances including change of name, contact details, next of kin, obtaining and obtaining a national insurance number.

Signature of applicant:

Date:

This application must be signed by your minister, who will be asked for a reference.

I, the under signed, having carefully read the above application, do fully endorse it.

Name: (Please print)

Ministerial status:

Address: (Please print)

.....

E-mail:

Tel/Mobile:

Signature:

Date:

Please give the details of another Christian referee (nota relative).

Name: (Please print)

Profession:

Address: (Please print)

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Email:Tel/Mobile:

Next of Kin

Name and surname:

Relationship (father, mother or other relative):

Home phone number:

Mobile phone number:

E-mail:

Finally, would you tell us how you heard of the Dominion Theological Seminary?

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Documents to include with your application form and testimony & calling form.

- Photocopy or scan of your passport or identity card showing clearly your name and its number.
- Photocopy or scan of any documents you have which show your academic qualifications– Both school and post- school education.

If any documents in a language other than English, please include a translation. This does not have to be an official translation; you can translate it yourself.

If you do not have any of these documents, submit your application without them and give a note of explanation.

THE DOMINION THEOLOGICAL SEMINARY

TESTIMONY FORM

Name of Applicant:

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Please put below **in your own handwriting**, in approximately 300 words, your testimony and ministerial journey so far.