



DEVINE GRACE COLLEGE OF THEOLOGY

Online teaching / Learning

Registration Form

Please fill out this Form in person and in English. To attend Certificate or Diploma in Theology
(Perspective students must have completed High School or Malawi School Certificate of Education)

If your spouse is also applying to attend, a separate application must be filled out by himself / herself.

For email please send your application to: drfelinkem@gmail.com or zskausiwa@gmail.com or
WhatsApp +447 903 464 545 or +265 999 251 100

Name: _____
(Surname) (First) (Middle)

Address: _____ City: _____

Country: _____ Area Code: _____ Work #: _____

Date of Birth: _____ Age: _____ Sex: Tick the appropriate: Male () Female ()

Place of Birth: _____ Nationality: _____

-Driver's Licence # _____ State: _____ Expiry Date: _____

ID # _____ Passport # _____ Expiry Date: _____

Marital Status: Single () Engaged () Divorced () Married () Separated () Widowed () *Please tick*

Type of Marriage: Custom Marriage () Christian Marriage () Date of Marriage: ____/____/____

If MARRIED: Spouse's Name: _____ Age: _____ Date of Birth: _____

Are you living with your spouse? Yes () No ()

If ENGAGED when do you plan to get married? _____

CHILDREN	Name	Sex	Age	Date of Birth
1.	_____	/	____/____/____	____/____/____
2.	_____	/	____/____/____	____/____/____
3.	_____	/	____/____/____	____/____/____

What other persons are dependent on you?

	Name	Relationship	Age
1.	_____	/	____/____/____
2.	_____	/	____/____/____

Have you ever been convicted of a felony crime? Yes/No. If YES, give details _____

How is your general health? Excellent () Good () Fair () Poor ()

If your answer is Fair or Poor please give details: _____

Do you have any physical disability? Yes () No ()

Do you have any long term medical condition? Yes () No ()

Are you taking regular medication for any condition? Yes () No ()

If your answer to any of the above medical questions is YES please give details _____

Educational Information

Have you completed 'O' Level? Grades _____

Have you completed 'A' Level? Grades _____

What degree(s) have you obtained? _____ College: _____ Date: _____

Correspondence school or other: _____

Military service: _____

Mother tongue language: _____ Other languages you speak: _____

Are you employed? _____ If YES, full time or part time? _____

Who do you work for? _____ Contact No: _____

For how long have you been at your present employment? _____

What other employment have you had for the last 5 years? _____

<i>Company Name</i>	<i>Supervisor</i>	<i>Contact #</i>	<i>How long</i>
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Christian Life Information

Name of the Church you attend _____

Address of Church _____ Phone #: _____

Pastor's Name: _____ Phone #: _____

Your Pastor's address _____

How does your Pastor feel about your attending DGCT? *Tick as appropriate*

Positive () Negative () Haven't discussed it with him ().

Please tick the Christian work you have done, explaining briefly below how long and the circumstance

Pastor () Elder () Evangelist () Home meeting leader () Deacon () Youth leader ()

Choir member () Worship leader () Choir leader () Sunday school teacher () Youth worker ()

Any other: _____

Explain here: _____

Give us the day, month and year that you were saved _____/_____/_____

Day, month and year that you were baptized ____/____/____. By immersion () By sprinkling ()

Give 3 references for personal recommendation. They must be responsible Christian people who know you e.g. Pastor, teacher, doctor or lawyer. The person should not be a member of your family.

Reference 1 (Pastor): Name _____ Phone #: _____

Address: _____

Reference # 2: Name _____ Phone #: _____

Address: _____

Reference # 3: Name _____ Phone #: _____

Address: _____

Has God called you to full-time ministry? Yes () No () Uncertain ()

Explain your answer _____

Have you applied to any other Bible college? Yes ()/ No (). If YES which one? _____

Have you attended any other Bible college? Yes ()/ No (). If YES which one? _____

How did you hear about DGCT? _____

Signature of Applicant: _____ **Date:** ____/____/_____

For more info please contact the administrator on +447 903 464 545 or +265 999 251 100