



Application for

Biblical Studies Course

Cross-Cultural Communications Course

If accepted, which year would you plan to start:
September

Please email a passport
type picture of yourself

Personal Details

Title: Last Name:

All First Names: Preferred Name:

Date of Birth: Birthplace:
(dd/mm/yy)

Citizenship: Gender: Male: Female:

Marital Status: Single: Engaged: Married: Separated: Divorced:

Date of Marriage: Widowed:
(dd/mm/yy)

Spouse's Name:

Please notify North Cotes College and your NTM home office of any address changes during the application process.

Address

Current Address:

Postcode: Country:

Telephone: Mobile/Cell:

Email: Skype:

Home Address:
If different from above

Postcode: Country:

Telephone:

Children

Name	Date of birth (dd/mm/yy)	Male	Female	Ability to speak English
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Please indicate in the box the level of your child's ability to speak English.
0 = None at all
1 = Minimal ability
2 = Moderate ability
3 = Fluent

Do any of your children have special education needs? If yes, please explain. Yes No

Education

Please give the names and location of the last three educational establishments you have attended and enclose a photocopy of each certificate. (e.g. High School, University)

Month/year from	Month/year to	Name and location	Qualification

Employment

Please provide details of any work experience and enclose photocopies of any employers' references (or scan and send as attachments).

Month/year from	Month/year to	Employer's name	Job title/description

Professional Qualifications

(Or other in-service training)

Please enclose/attach a copy of each certificate.

Awarding agency	Subject	Qualification and grade/level achieved	Date awarded

Please indicate your work skills by ticking the boxes:

- | | | | | |
|---------------|----------------------|-------------------------------|--------------------|----------|
| Creative Arts | Computer/
network | Graphic Design/
Publishing | Cooking/
Baking | Plumbing |
| Gardening | Car repairs | Maintenance | Musical Skills | |
- Other (please specify)

Languages

Please refer to the section "Language Level Requirements" on the NCC Application Form Instructions

List the languages you speak, your approximate fluency level and any qualifications in that language

Language: Qualification: Fluency:

- 1 = Minimal
- 2 = Moderate
- 3 = Fluent

If you have passed the Abitur exam or equivalent school English exam in Europe, in which year did you pass the exam?

Do you meet our English Language Level Requirements?

Yes

No

If no, date planned for English exam:

Christian Growth and Experience

Briefly explain how you became a Christian and give a summary of your Christian experience to date.

Please describe how you seek to grow in your Christian life.

Please explain briefly why you wish to take either the Biblical Studies or the Cross-Cultural Communications Course.

Have you been baptised as a believer? Yes No

Which church do you currently attend? (Home church)

Address:

Postcode:

Country:

For how long have you attended this church?

Name of someone in church leadership

Telephone:

Email:

Are they in agreement with you applying to North Cotes College? Yes No

If no, please explain:

Please tick the boxes to indicate your experience in Christian service:

Youth work	Children's work	Evangelism	Group leadership
Music	Open-air Work	Preaching	Pastoral/ Counselling

Please list previous churches or Christian organisations/groups with which you have been connected or served:

Month/year from	Month/year to	Church/Organisation	Role/Kind of involvement

Finances

How do you propose to finance your training?

Are you in debt?

Yes

No

(Please note: In this context, educational loans and house mortgages are not classed as a debt that should be cleared before entering the training.)

If yes, please explain:

Medical Information

Please answer the questions below to the best of your ability. If the answer to any of the questions is 'yes' please give details.

- Yes No Are you currently using any prescribed medication?
- Yes No Are you currently receiving medical treatment, or under observation for anything?
- Yes No Have you ever been treated for, or are you suffering from, emotional difficulties (depression, anxiety, etc.)?
- Yes No Have you been tested positive for Hepatitis B and/or HIV/AIDS?
- Yes No Have you ever, or do you currently, suffer from any eating disorders (anorexia, bulimia, bingeing, etc.)?
- Yes No Are you suffering from any addictions?
- Yes No Do you have any learning difficulties that you know of (ADD, ADHD, Dyslexia, etc.)?
- Yes No Do you have any limitations or other health conditions which might affect your college work or Christian service, or which you think your doctor or North Cotes College should know?

Please indicate the immunisations you have received and provide the date:

	Month/Year		Month/Year		Month/Year
Tetanus		Polio		FSME	
Hepatitis A/B		Jap. Encephalitis		Yellow Fever	
Rabies		Diphtheria		Tuberculosis	
Typhoid		Meningitis		Yellow Fever	
Other: (please specify)					

Do you require a special diet due to allergies or a medical condition? Yes No
(Married students can ignore this as you will be self-catering.)

If yes, please give details:

Referees

Please list three Christian people (not relatives) who have known you personally for the last year and whom we may contact for a reference. One of them must be from the leadership of your church.

1. Full Name:

Address:

Country:

Relationship:

Telephone:

Mobile/Cell:

Email:

2. Full Name:

Address:

Country:

Relationship:

Telephone:

Mobile/Cell:

Email:

3. Full Name:

Address:

Country:

Relationship:

Telephone:

Mobile/Cell:

Email:

4. Current or most recent employer or academic tutor: Employer/School/University:

Full Name:

Address:

Country:

Telephone:

Mobile/Cell:

Email:

Emergency

In case of emergency, who would you like us to contact (other than spouse)?

Full Name:

Address:

Postcode:

Country:

Telephone:

Mobile/Cell:

Email:

Is this person a family member? Yes No

Declaration

By signing below (or typing my name on a digital copy) I declare that the information I have provided is true to the best of my knowledge.

I have read the New Tribes Mission **Doctrinal Statement** and agree to respect it during my time at North Cotes College.

I have read and understood the **Ethical Statement** and agree to respect it during my time at North Cotes College

I will accept and respect the decisions and authority of the North Cotes College leaders.

I do not wish information or pictures about me to be shared in NTM publications.

Signed:

Date: / /
 dd mm yy

Additional Information

For office use only

Date received: / /
 dd mm yy

Fee paid: Yes No

Date received: / /
 dd mm yy

Student accepted: Yes No

Approval by church leadership: Yes No

Approval by NTM leadership: Yes No

English at Required Level: Yes No

Medical information provided: Yes No

Notes: