



ADMISSION APPLICATION FORM

Fill in this form and return it to DPTC. Attach a copy of your National Identity Card.

I. Personal Details

- i) Name _____
- ii) Name you prefer _____
- iii) Postal Address _____

- iv) Telephone _____
- v) E-mail Address (if any) _____
- vi) Birth Date _____
- vii) Sex: Male _____ Female _____
- viii) Marital Status: Single _____ Married _____ Other (specify) _____
- ix) Name of Spouse _____
- x) Names and Ages of Children:

xi) Are you allergic to any foods? Or is there food you do not eat?

xii) Do you have any medical problem we need to know about?

xiii) Do you contribute to the National Hospital Insurance Fund?

II. Ministry Information

i) In the space provided please write a brief account of your conversion and your relationship with the Lord Jesus Christ.

ii) Explain what you consider as God's calling in your life.

iii) Briefly explain how you got to know about DPTC?

iv) How do you think DPTC is likely to enhance your effectiveness in ministry?

v) Specific Denomination: _____

vi) What are you doing in ministry currently?

vii) How many years have you served?

viii) List any ministry credentials. (Are you ordained or registered as a minister?)

III. Educational Background

i) Please state your highest level of education: _____

(Please attach your education credentials to this form as you return it)

ii) Which school did you attend? _____

What years did you attend? _____

iii) A) Have you had any Bible training previously? _____

B) Give the name of the Bible school and the qualifications attained.

iv) Any other form of training?

v) From your experience in ministry, list some of the areas in which you would wish to be taught at DPTC.

vi) As you hand in this application form, please attach a recommendation letter from two suitable references (one of which should be your denominational or ministry Overseer or Senior Pastor).

Please return your completed application and references either by post or by email to the address below by December 15:

Care to Learn International
P.O. Box 449 Karen 00502
Nairobi Kenya
Email: pnjacter@yahoo.com