



LEVEL 1

STUDENT APPLICATION FORM

Please write clearly, or type. All blanks must be completed for this application to be processed.

Please be sure the following is included:

An application is not processed until all required references, photos, and application fee are received.

- Attach **2 CURRENT** (last 3 months) passport photos.
- Enclose the **£20 NON-REFUNDABLE** application fee.
- The 2 reference forms must be completed and attached in sealed envelopes or posted directly.
- Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply).
Your application will not be processed and may be returned if any area is left blank.
- Be sure to sign all forms.

Please print or type your full legal name (As it appears on your passport)

NAME: (Title) (First name) (Middle) (Surname)

ADDRESS:

Daytime Tel: _____ **E-Mail:** _____

Academic Year: _____ **National Insurance Number:** _____ **Sex:** M/F

Age: _____ **Date of Birth:** _____ **Nationality:** _____

Do you hold an EU Passport? Y N **Passport No.** _____

Marital Status: Single Married Divorced Widowed Separated*

(*) Please give details: _____

How many children do you have? Give their names and ages:

Are you Born-Again (saved) as understood in Romans 10:8-10? **YES** **NO**

How long?

Are you baptized in the Holy Spirit with the evidence of speaking in tongues (Acts 2:2-4?)
 YES **NO**

A. CHURCH AFFILIATION AND REFERENCES

List the name of the church you currently attend, its address, the ministers' name and contact numbers.

How long have you been attending this church? _____

Do you attend regularly? **YES** **NO**

What church activities have you been involved in?	How long?

IF YOU ARE NOT CURRENTLY INVOLVED WITH A CHURCH, PLEASE EXPLAIN WHY ON A SEPARATE PAGE

To whom were your referral forms given to?
(**NB:** Write your name on the forms before giving them to your referees)
Please write clearly the names and addresses:

Pastor/Church Leaders Name: _____

Tel No. _____ Email: _____

Personal Referee: _____

Tel No. _____ Email: _____

B. STATEMENT OF FAITH

YES **NO** Are you licensed? **YES** **NO** Are you ordained?

If so, what Denomination/Organization? _____

YES **NO** Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?

YES **NO** Do you believe in the Holy Trinity – that our God is one, but manifested in three persons: the Father, the Son and the Holy Spirit?

YES **NO** Do you believe in the deity of the Lord Jesus Christ that He is God made flesh and He is the only mediator between God and man?

YES **NO** HAVING READ THE COVENTRY BIBLE COLLEGE STATEMENT OF FAITH, DO YOU AGREE WITH ITS CONTENT?

If No, please explain (use a separate page if needed):

C. EDUCATIONAL HISTORY

What is the highest level of education you've attained? (Circle one)

University Degree Masters Doctorate Other _____

Please list all college, university, Bible schools or other educational institutions you have attended.

SCHOOL	DEGREE	DATES	MAJOR

YES **NO** Can you read, write, and comprehend the English language?

YES **NO** Is English your first language? If not, what is?

YES **NO** Have you ever been denied acceptance, expelled, dropped, or suspended from school or college?

If **Yes**, BRIEFLY explain below.

D. WORK HISTORY

Please list your **PRESENT** employer:

NAME OF EMPLOYER & TEL.	DUTIES PERFORMED	DATES

IF YOU ARE CURRENTLY UNEMPLOYED, PLEASE GIVE AN EXPLANATION ON PAGE 3 INCLUDING HOW YOU WILL PROVIDE FOR YOUR TUITION FEES AND PERSONAL LIVING EXPENSES DURING CLASS.

E. ALCOHOL – TOBACCO – ILLEGAL DRUGS

We feel that in order for a person to spend time studying with aspirations of assuming a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes: abstinence from the use of illegal drugs, tobacco, and alcohol **abuse/addiction**. We expect that each student will abide by this policy, **WHILE ATTENDING COVENTRY BIBLE COLLEGE**.

By ticking this box, you are stating that you are in agreement with this policy.

F. HEALTH CONCERNS

If you have any disabilities that would require special facilities, please state what they would be:

Person to be notified in case of emergency, (they must have a telephone).

Name:

Address & Tel. Number:

G. MEDICAL CONSENT

I, the undersigned, grant full and complete permission to Coventry Bible College, its employees or designated, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. This consent I give freely and voluntarily, fully knowing and understanding all the above and its effect upon me.

Signature: _____ Date: _____

H. PHOTO & VIDEO CONSENT

I, the undersigned, grant full and complete permission to Coventry Bible College, its employees or any persons they choose to take, keep on file and use in publications my photo and or videos of me while involved in any Coventry Bible College associated event including both class and non-class times.

Signature: _____ Date: _____

I. STATEMENT OF TRUTH

I hereby state that all the information contained on this application is correct and true. If Coventry Bible College is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

Signature: _____ Date: _____

Be sure to review your application before posting. All blanks must be completed.

If you have any questions, please email: info@coventrybiblecollege.co.uk or call us on 024 7767 8523

Coventry Bible College:

c/o Hebron Christian Faith Church
The Forum
Coventry
CV2 5HD

All written correspondence to:

Coventry Bible College *
Admissions
15 Primrose Drive
Bedworth
Warwickshire
CV12 0GL

**ONCE COMPLETED, PLEASE RETURN THIS APPLICATION AND THE TWO
RECOMMENDATION FORMS TO THE ADMISSIONS OFFICE ADDRESS *
NO LATER THAN 10 Days before class begins**

