

KTIOE

Kensington Temple Institute of Education

Application Form

Full Name:

I am applying for:

A LEVELS

Please insert subject name(s):

OR

UNDERGRADUATE

**Certificate of Higher Education in Applied
Theology**

OR

POSTGRADUATE

**MA in the Study of Pentecostal and
Charismatic Issues**

MTh in Applied Theology

PLEASE TICK AS APPROPRIATE

FOR OFFICE USE ONLY:

DATE:

APP. FEE: YES/NO

CHECKLIST: _____

INSTRUCTIONS

Please attach
one passport
sized
photograph in
this space

Please complete all sections as they are all relevant for the course you are applying for.

Where a question does not apply to your circumstances, write N/A.

Answer each question using the space provided. Should you require extra space for your answer on a specific question, please use a separate blank page.

Please make sure that you have included all the necessary documents with the completed form. Use the checklist below to assist you.

Applicant's checklist

- £30.00 application fee
- Evidence of ability to pay fees (bank statement, sponsor letter, etc) if paying by standing order
- Photograph (x1)
- A photocopy of your passport (the page with your photo on)
- A photocopy of your current visa (if not from an EU country)
- Pastor's release letter (where appropriate)
- Completed disclaimer form
- All relevant sections of this application form completed

Country

Post Code

PO Box

Telephone (home)

Telephone (work)

Telephone (mobile)

Fax

E-mail

Date of birth

Age

Occupation

Place of Birth (Town)

Place of Birth (Country)

Nationality

Passport No.

SECTION 1

PERSONAL DETAILS

Title (please tick)

- Mr Mrs Miss Ms Rev Dr

Surname

First name(s)

Address

City

• SECTION 2

VISA DETAILS

Do you have a visa for the UK?

Yes No

What type of visa do you have?

Expiry date: ____ / ____ / ____
 dd mm yy

Do you require a visa letter in order to apply for a visa to study in the UK?

Yes No

• SECTION 3

FAMILY DETAILS

What is your marital status? _____

Are you living with your parents? Yes No

FOR THOSE WHO ARE MARRIED:

What is your wife/husband's name?

Are you currently living with him/her?

Yes No

Date of marriage ____ / ____ / ____
 dd mm yy

Place _____

Next of kin (person to contact in an emergency)

Address

City

Country

Post Code

PO Box

Telephone (home)

Telephone (alternative number)

Does your family support your application?

Yes No

If "no", why not?

Where will your immediate family be during the duration of your studies?

How do you intend to support them (if applicable)?

• SECTION 4

CHURCH DETAILS

What church do you currently attend?

Is the church part of KT-LCC Network?

Yes No

If yes, who is your GI2 Leader?

If not KT-LCC, what denomination/affiliation is it?

How long have you been attending? _____

Yes No

Does your pastor support this application?

Yes No

Candidates from non KT-LCC churches must include a letter from your pastor releasing you to be a part of KT-LCC for the duration of your studies.

Pastor's Name

LEARNING DIFFICULTIES

Do you have any difficulty in reading, learning or writing? Please comment below:

- Hernia
- Tonsillitis
- Diabetes
- Fainting Spells
- Skin Condition
- Mumps
- Scarlet Fever
- Stress
- Tuberculosis
- Chicken Pox
- Bulimia
- Other(s) – please detail:
- Venereal Disease
- Broken Bones
- Recurrent Diarrhoea
- Mental/Nervous Disorder
- Gall Bladder Problems
- Measles
- German measles
- Peruses (whooping cough)
- Convulsions
- Hypertension
- Anorexia

Give details of prescribed medicine you are currently taking, or any allergies.

• SECTION 7

INTERESTS & SKILLS

Please give a brief description of any three interests/skills you have:

1. _____

2. _____

3. _____

• SECTION 8

HEALTH

What is the state of your health?

- Poor Fair Good Excellent

Describe any medical treatment you have had in the last 18 months.

Please indicate if you have ever had any of the following medical conditions:

- Epilepsy
- Asthma
- Allergies
- Anaemia
- Fatigue
- Paralysis
- Hay fever
- Hepatitis
- Arthritis
- Cancer
- Migraine
- Malaria
- Jaundice
- HIV
- Low Blood Pressure
- Heart condition
- Stomach/Duodenal Ulcer
- Eye Trouble
- High Blood Pressure
- Intestinal Problems
- Recurring Headaches
- Dislocation of Joints
- Appendices
- Ear Trouble
- Head Injury
- Back Problems
- Kidney Disease
- Thyroid

• SECTION 9

YOUR SPIRITUAL LIFE

Are you a Christian? Yes No

If so, when did you accept Jesus as your Saviour?

Date ___ / ___ / ___
 dd mm yy

Have you been baptised in water? Yes No

Date ___ / ___ / ___
 dd mm yy

What does it mean for you to be a Christian?

What do you consider your two greatest strengths?

1. _____

2. _____

What do you consider your two greatest weaknesses, and how are you correcting them?

1. _____

2. _____

• SECTION 10

REASON FOR APPLYING

Please give your main reasons for applying to this college.

Where do you see yourself in five years time?

Please write down your goals, which you hope the college will help you fulfil.

1. _____
2. _____
3. _____
4. _____
5. _____

• SECTION 11

EMPLOYMENT

(Please give details of your current or most recent job)

Name of Employer

Job Title

Responsibilities:

Salary (in British Sterling): _____

• SECTION 12

FINANCES

How do you propose to support yourself for the duration of your training at KTIOE?

Please indicate below the financial resources you have available now:

		Proposed Income
Current savings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ _____
Parental Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	£ _____

If the specified above is not enough to cover for your fees, how would you raise those funds?

SEPARATE PAGE FOR REFERENCE

KTIOE

RECOMMENDATION FORM FOR ADMISSION TO KTIOE

Thank you for agreeing to act as a referee for the applicant. Please complete all sections of this form and feel free to use additional paper as necessary. Please return the completed form to KTIOE at the following address: KT Summit House, PO Box 54108, London W5 9AE

****Please note that any sections not filled in may cause a delay in the processing of the application****

Section 1: The Referee

Mr / Mrs / Miss / Ms / Rev / Dr (Circle where applicable)	
Surname:	
First Names:	
Address:	
Postcode:	Telephone Number:

Section 2: The Applicant

Mr / Mrs / Miss / Ms / Rev / Dr (Circle where applicable)
Surname:
First Names:

- **What is the nature of your relationship to the applicant?**

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- **How long have you known the applicant?**

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- **How well do you know the applicant?**

<input type="checkbox"/> Very Well	<input type="checkbox"/> Quite Well	<input type="checkbox"/> Casually	<input type="checkbox"/> Not Well
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- **Please comment on the applicant's general character:**

- Does the applicant's speech and conduct consistently exhibit Christian character?

- To your knowledge, does the applicant's family support and encourage this application (only answer if the applicant is under 18)?

- In your opinion, does the candidate have a reasonable chance of succeeding at A (Advanced) Level standard?

	<i>POOR</i>	<i>FAIR</i>	<i>GOOD</i>	<i>EXCELLENT</i>
Academic Ability				
Reliability				
Maturity				
Emotional Stability				
Christian Commitment				
Leadership Potential				
Personal Appearance				
Integrity / Honesty				
Ability to work with others				
Self-Discipline				
Financial Responsibility				
Teachability				
Written English				
Spoken English				

- In your assessment how would you recommend the applicant?

<input type="checkbox"/> Strongly recommended	<input type="checkbox"/> Recommended with reservation
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not recommended

Signed: _____

Date: ____ / ____ / ____