



SCHOOL OF CHRIST
Full Time Study
APPLICATION FORM

FULL NAME: _____

ADDRESS*: _____

_____ **POST CODE:** _____

EMAIL ADDRESS: _____ *

TELEPHONE NO: _____

MOBILE PH NO: _____ *

CHURCH ATTENDING: _____ *

BIRTH DATE: _____

* imperative

POSITION: Pastor Evangelist Missionary Church worker Other

(Please circle)

Please tell us about your conversion to Christ and give a brief explanation as to why you want to attend the School of Christ.(use over leaf for more space if required)

Date: _____ **Signed:** _____

How did you hear about the School?

soceurope@live.co.uk

*You will hear from us by return of **email**. Please do not book anything until you have heard if your application has been accepted. Spaces are limited and priority is given to those in Leadership. THANK YOU for you application.*