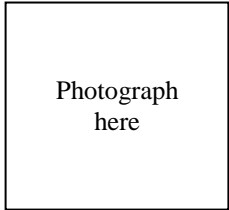




**UNITED PENTECOSTAL CHURCH OF JAMAICA
NATIONAL MINISTERIAL TRAINING
AND DEVELOPMENT PROGRAMME
45 EASTWOOD PARK ROAD, KINGSTON 10**



PATHWAY THREE (3)

*(For Pastors, General Licence Holders giving leadership to an Assembly
and Ministerial Upgrade for Ordination)*

APPLICATION FOR ADMISSION
(Please type or print in BLOCK CAPITAL)

A. GENERAL INFORMATION

1. NAME

Last _____ First _____ Middle _____ Maiden _____

2. ADDRESS

Email Address _____

3. TELEPHONE (Home) _____ (Other) _____

4. Date of Birth _____ **5. Place of Birth** _____ **6. Citizenship** _____

5. Sex: Male [] Female []

B. MARITAL INFORMATION

1. Single [] **Married** [] **Widow/Widower** []

Separated [] **Divorced** [] **Re-married** []

2. If married, give name of spouse _____

3. Name (s) and age (s) of child/children (if any)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Next of Kin _____ **Relation** _____

Address _____

Contact No. _____

C. PERSONAL INFORMATION

1. Name of church you currently attend _____
2. Address of church _____
3. Name of your Pastor _____
4. How long have you attended this church _____
5. Are you a minister? _____
6. What level of license do you hold within your organization?
7. How long have you been a minister? (UPCJ) _____ years (Bethel Apostolic) _____ years
(Other, please state) _____ years
8. Have you completed Pathway 2 of the NMTDP? [] Yes [] No
9. Have you done any theological studies prior to this? [] Yes [] No
10. If you answer yes to item 9, please state the institution and the name of the programme completed.

D. INVOLVEMENT IN THE MINISTRY

Please give the level of involvement in the ministry at the local assembly or national level.

1. List the area(s) of ministry in which you are involved

Local Assembly

Area of Ministry	Level of Involvement/Role	Number of years

Regional/National Level

Area of Ministry	Level of Involvement/Role	Number of years

E. STATEMENT OF INTENT

I certify that this application is accurate and complete to the best of my knowledge. I understand that withholding information requested in this application or giving false information may render me ineligible for admission to the programme.

Signature _____

Date _____

G. PASTOR'S ENDORSEMENT (Where applicable)

As pastor of the above applicant:

1. I recommend his/her acceptance as a student ()

PASTOR'S COMMENT

Signature (Pastor) _____ Date _____

H. PRESBYTER'S ENDORSEMENT

As presbyter of the region where applicant is a member and based on the recommendation from the immediate pastor:

1. I recommend his/her acceptance to the programme ()

PRESBYTER'S COMMENT

Signature (Presbyter) _____ Date _____

FOR CBI OFFICE USE ONLY

Date application received _____ Application Form fee paid
 Photograph(s) received
 Accepted Not Accepted

Date of Admission _____ ID Number: _____

FEES

Registration Fee paid Programme Fee: Amount Paid \$ _____

Method of Payment: Cash/Cheque Lodgement at Bank

Date: _____ Balance (if any) \$ _____

Sponsored Student Church: _____

Group/Organization: _____