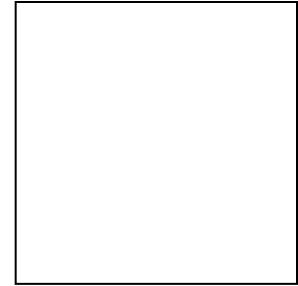


LIVING WORD BIBLE COLLEGE ENROLMENT FORM

**THE REGISTRAR
LIVING WORD BIBLE COLLEGE
2 CHAPEL PLACE
6 WHITE HART LANE
TOTTENHAM
LONDON
N17 8DR**



Photo

READ CAREFULLY

1. Attach a current passport size photo - head and shoulders only
2. Enclose the £50 non-refundable application fee (postal order or money order in pounds sterling)
3. The two enclosed reference forms to be completed and returned by those you list as your referees.
4. Any further information you feel may be helpful.

Please ensure that your pastor /senior Minister/ Deputy and a mature Christian friend/ acquaintance (not a relative) completes and returns the two reference forms to the college.

Please return this form to:

The Registrar
Living Word Bible College
2 Chapel Place
6 White Hart Lane
Tottenham
London
N17 8DR
Tel: +44(0)208 801 7885
Fax No: +44(0)20 885 4045

E-mail: lwcollege@aol.com

PLEASE PRINT YOUR FULL NAME.

ALL QUESTIONS ARE TO BE ANSWERED IN BLOCK CAPITAL. IF ANY QUESTIONS DO NOT APPLY TO YOU PLEASE ANSWER N/A (Not Applicable)

TITLE Mr./Mrs../Miss last name middle name maiden name
NAME:

Present Residential Address:

City or town: country: Post code:

TELEPHONE NUMBER HOME () WORK () FAX ()

SEX M F Date of Birth

Place of Birth Nationality

Marital Status Single Engaged Married Remarried Divorced Widowed (tick one)
Separated

Name of Spouse or fiancé (e)

Date of Marriage (present or proposed) / /

Have you been previously married? Yes No

How many times? Date(s) / / Date(s) of divorce(s) / /

Are you presently under your parents support? Yes No

Are they in agreement with your decision to LWBC Yes No

If No, please explain on "notes" page.

CRIMINAL RECORD

Please explain any Yes answers in "notes".

Have you ever been found guilty of criminal charge? Yes No
When? Where? Why? What sentence was passed?

Are you currently being prosecuted by the police or other law? Yes No

NEXT OF KIN

Name Title/Mr. /Mrs../Miss First name last name

Address: Street:

city or Town country: Post Code:

Telephone No. Mob..... Relationship to you:.....

HEALTH

Do you regard yourself as being in a good state of health? Yes No

(Give details in "notes" of all "Yes" answer in this section.)

Do you have any physical infirmities of a permanent or recurring nature which may affect your attendance or full participation in college life? Yes No

Are you presently under medical supervision? Yes No

Have you ever been admitted to a mental hospital or do you suffer from or have ever suffered from chronic anxiety, chronic depression or mental illness? Yes No

Are you physically or mentally handicapped? If "Yes" please explain in "notes" including any special facilities needed. Yes No

Do you suffer from epilepsy? Yes No

Are you, or have you during the last two years, been involved with taking non-prescription drugs or mind altering substances? Yes

REASON FOR ATTENDING LWBC.

Why do you feel you should attend Living Word Bible College?
(In your own words in the following space)

APPLICATION

I declare that all of the information contained here to the best of my knowledge are accurate and true. I affirm that should I be accepted as a student I will agree to the authority and discipline of LWBC. I pledge to behave at all times and in a manner that will honor the name of Jesus Christ.

Signature Date / /

(If under 18 the parent or Guardian must sign also)

THIS SECTION IS FOR LWBC OFFICE USE ONLY

Date received ____/____/____

Interview 1 ____/____/____

Application Fee Yes No

Interview 2 ____/____/____

Photographs Yes No

Accepted

Interview letters/____/____

Recommended

Interviewer _____

Not recommended

Comments _____

Acceptance letter sent ____/____/____

**LIVING WORD BIBLE COLLEGE
PERSONAL REFERENCE FORM**

(TO BE COMPLETED BY A MATURE CHRISTIAN FRIEND OR AQUAINTANCE WHO HAS KNOWN YOU FOR AT LEAST TWELVE MONTHS - NOT A RELATIVE)

Applicant's Name Title/Mr. /Mrs. /Miss

Your Name Title/ Mr./Mrs. /Miss

How long have you known the applicant?

What is your relationship to the applicant?

Please answer the following questions about the applicant to the best of your knowledge. We would appreciate comments about non-positive answers on the reverse of this form.

Yes No Don't know

Does the applicant have any personality traits which may impair his relationship with others?

Is the applicant honest and truthful?

Does the applicant meet financial commitments on time and behave in a financially responsible manner?

Does the applicant drink excessively, take illegal drugs or depend on prescription?

Does the applicant behave modestly and uprightly, with a respectful attitude to the opposite sex?

Does the applicant accept advice and respect leadership?

Does the applicant understand English?

Please give your comments in about 50 words about this prospective student.

REFEREES DETAILS (USE BLOCK LETTERS)

Address (correspondence)

Town/City:

Country

Post Code:

Telephone No

Home ()

work ()

Fax ()

Signature:

Date:

LIVING WORD BIBLE COLLEGE

CHURCH REFERENCE FORM

(TO BE COMPLETED BY APPLICANT'S SENIOR MINISTER, PASTOR OR DEPUTY)

Applicants Name Title/ Mr./Mrs./Miss

Your Name Title/Mr./Mrs./Miss

Your Position

Name of Church

How long have you know the applicant?

Please comment briefly on the ministry background, leadership experience and potential of the applicant.

Please give any further information which may be helpful to us in considering this applicant

REFERENCES DETAILS (USE BLOCK LETTERS)

Address (correspondence)

Town/City:

Country:

Post Code:

Telephone No Home ()

Work ()

Fax ()

Signature:

Date:

Please mail or fax this form without delay to:

The Registrar

Living Word Bible College,

2 Chapel place, 6 White Hart Lane

Tottenham - London N17 8DR

Fax No: +44(0)20 885 4045

E-mail: lwcollege@aol.com

