



## **CERTIFICATE APPLICATION FORM**

### **CERTIFICATE IN CHURCH MINISTRY CERTIFICATE IN BIBLICAL STUDIES: (WALK THROUGH THE BIBLE)**

#### **REQUIREMENTS**

The Certificate in Biblical Studies: Walk Through the Bible (WTB) is suitable for every Christian who wishes to grow in their knowledge and understanding of the Bible.

The Certificate in Church Ministry is offered to those who have a sense of a call to ministry or are already involved in ministry and desire to grow in specific pastoral application of the Word of God and Theology

The two programmes are complementary, and we have designed the timetable to allow individuals to attend both

Please make sure to like our Facebook page on the following link:

<https://www.facebook.com/Cape-Town-Biblical-College-101470768985906/>

#### **HOW TO REGISTER**

Please complete this form, along with a copy of your ID and Proof of Payment and email to [info@ctbiblical.co.za](mailto:info@ctbiblical.co.za) OR hand deliver it at CTBC: 52 Frederick Street, Parow

Valley (Tel: 021-931 8428) ○ Pay R400 for the first 2 modules of Certificate in Church ministry or R200 for first cycle of Certificate in Biblical Studies (WTB). Arrive on the starting day at 52 Frederick Street, Parow Valley (bring a pen, Bible and notebook with you).

#### **INDICATE YOUR CHOICE OF PROGRAMME. YOU CAN ATTEND BOTH PROGRAMMES.**

PROGRAMME	INDICATE WITH AN X
<b>CERTIFICATE IN CHURCH MINISTRY (MON &amp; THURSDAY EVENINGS)</b>	
<b>CERTIFICATE IN BIBLICAL STUDIES WALK THROUGH THE BIBLE (TUESDAY)</b>	
For Certificate in Biblical Studies (WTB) please indicate morning (M) or evening (E)	

### **BIOGRAPHICAL DETAILS**

SURNAME	
FIRST NAME (PREFERRED NAME)	
ID NUMBER	
BIRTHDATE (YEAR/MONTH/DAY)	
GENDER	
NATIONALITY	
MARITAL STATUS: MARRIED/SINGLE	
HOME LANGUAGE	
CHURCH MEMBERSHIP	

### **CONTACT DETAILS**

ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
EMERGENCY CONTACT NAME AND RELATIONSHIP CELL NUMBER	

### **MINISTRY EXPERIENCE**

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### **BANKING DETAILS**

**BANK DETAILS: FIRST NATIONAL BANK**  
**ACC NUMBER: 62379848743**  
**ACC. NAME: CAPE TOWN BIBLICAL COLLEGE**  
**BRANCH: TYGER VALLEY**  
**REF: YOUR NAME AND SURNAME**

Terms and Conditions: I hereby declare that the above information is both true and correct and falls within my personal knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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**FAX:** +27 21 931 2704  
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