



Entry year: September   
January

**Personal details**

Title Mr  Mrs  Miss  Other

Surname

First name(s)

*You must give your full legal name as it appears in your birth certificate or passport or other official document. Do not give nicknames or shortened names.*

Marital status Single  Separated  Re-married   
Married  Divorced  Widowed

Address

City

Country

Postal code

Telephone (home)

Telephone (work)

Telephone (mobile)

Email address

Date of birth  *Day-Month-Year* Age

Place of birth

Nationality on passport

Passport number

Passport Expiry date

Attach **two** photographs of yourself one in the box above and one here.

- The photographs must be:
- identical
  - recent (within the last six months)
  - passport-style and size.

Do not staple the photographs, use glue.

*Age at time of application*

*Give the town and country of your birth*

*Also indicate if you have dual nationality*

*This section is for IBIOL office use only*

Visa type

Visa expires

**Family contact**

*Give the contact details of your legal guardian or next of kin.*

Title Mr  Mrs  Miss  Other

Surname

First name

Address

City

Country

Postal Code

Telephone (home)

Telephone (work)

Telephone (mobile)

Email address

Relationship to you  *Specify how this person is related to you, e.g. parent, spouse, etc.*

**Relationships**

*Complete the sections below*

*Complete this section if you are currently married.*

Name of spouse

Date of wedding

Place of wedding

Will you be living with your spouse while you are at IBIOL? Yes  No

Reason

*Complete this section if you have children.*

List the names and ages of your children, including step-children, adopted and fostered children

*Complete this section if you are engaged to be married.*

Name of fiancé(e)

Date of wedding

Place of wedding

Are you currently living with your fiancé(e)? Yes  No

Is he/she a born-again Christian? Yes  No

Marital status of fiancé(e) Single  Separated   
Widowed  Divorced

*Complete this section if you have children.*

Will you be living with your children while you are at IBIOL? Yes  No

Reason

**Church details**

*Give the details of the church you currently attend.*

**Name of your church**

**Church address**

**City**

**Country**

**Postal Code**

**Telephone**

**Email address**

**Denomination or affiliation**

**Name of pastor/leader**

Are you a member of this church? Yes  No  *If you have been at your present church for less than 12 months we require you to provide the information for your previous church.*

How long have you been attending?

- Church activities you have been involved in**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Church planting | <input type="checkbox"/> Drama               | <input type="checkbox"/> Children's ministry |
| <input type="checkbox"/> Evangelism      | <input type="checkbox"/> Singing             | <input type="checkbox"/> Youth ministry      |
| <input type="checkbox"/> Missions        | <input type="checkbox"/> Leading worship     | <input type="checkbox"/> Counselling         |
| <input type="checkbox"/> Preaching       | <input type="checkbox"/> Leading small group | <input type="checkbox"/> Administration      |
| <input type="checkbox"/> Teaching        | <input type="checkbox"/> Social work         | <input type="checkbox"/> Management          |

**Other church activities or leadership roles you have held**

**Language proficiency**

*Give the details of your proficiency in English and other languages.*

Is English your first language? Yes  No

If English is not your first language, the minimum requirement for our courses is an IELTS score of 5.0, or equivalent. For more information on IELTS (International English Language Testing System), please contact the IBIOL office.

What is the quality of your *spoken* English?  Poor  Fair  Good  Excellent

What is the quality of your *written* English?  Poor  Fair  Good  Excellent

Have you taken an exam in English? Yes  No

**Exam taken**

**Date**  **Grade or score**

What other languages do you speak, read or write?

*Give details of schools or colleges attended and qualifications achieved since age 11.  
For exams and grades, please indicate the level attained, e.g. GCSEs, A-levels,  
NVQs, degree or equivalent.*

**Education**

Name of school or college	
Town & country	
Dates of attendance	
Exams passed or grades attained	

Name of school or college	
Town & country	
Dates of attendance	
Exams passed or grades attained	

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Dates of attendance	
Exams passed or grades attained	

Name of school or college	
Town & country	
Dates of attendance	
Exams passed or grades attained	

*Use this box to detail any including any vocational or professional training you have completed.*

**Learning difficulties**

Indicate here if you have any difficulties in reading, writing, speaking or learning, including dyslexia, dysgraphia, aphasia, etc.

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## Health

*Give the details of your health and fitness and any ailments you have had.*

What is the general status of your *physical* health?  Poor  Fair  Good  Excellent

What is the general status of your *mental* health?  Poor  Fair  Good  Excellent

What is the general status of your overall fitness?  Poor  Fair  Good  Excellent

Are you currently taking prescribed medication? Yes  No

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

Indicate if you have ever had any of these medical conditions or illnesses.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Fatigue         |
| <input type="checkbox"/> Anaemia       | <input type="checkbox"/> Bulimia         | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Anorexia      | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Mental disorder |
| <input type="checkbox"/> Arthritis     | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Migraine        |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Eye trouble     | <input type="checkbox"/> Stress          |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Tuberculosis    |

Do you have any current medical conditions that we need to take into consideration?

### Spiritual life

*Please answer all the questions below.*

How long have you been a Christian?

Give a brief outline of how you were saved.

Have you been baptised in water? Yes  No

What does it mean to you to be baptised in water?

Have you been baptised in the Holy Spirit? Yes  No

What does it mean to you to be baptised in the Holy Spirit?

What changes have you seen in your life since your conversion?

What have you done to enhance your spiritual growth?

Describe your personal devotional life (including prayer and reading the Bible).

## Spiritual life (continued)

*Please answer all the questions below.*

Describe your personal vision for ministry.

What do you consider your two greatest *strengths* and how do you use them or plan to use them?

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

## Purpose and calling

*Please answer all the questions below.*

Please explain why you are applying to do this course.

Do you feel called to work with a specific group of people or area of ministry?

If yes, give the details of any relevant ministry experience you have already had in this area.

What practical steps have you already taken to test your call?

What do you plan to do after completing your training?

Where do you see yourself in five years time?

Please write down the goals which you hope training at IBIOL will help you to fulfil.

Which individual, minister, church, ministry, or book has had the greatest influence on your Christian life, and in what way?

## Finances

*Please answer all the questions below.*

How do you propose to pay your fees? Describe your payment plan.

Please indicate the financial resources available to you.

Your current personal savings:

Contribution from family and friends:

Estimated income while a student:

Contribution from your church:

Total:

*If you are sponsored by your church or by another third party, you must include (with this application) a letter from your sponsor confirming their commitment.*

*It is the responsibility of the student to ensure full payment from sponsors.*

*Please include with this application evidence of your ability to pay your fees (e.g. bank statement, etc).*

How do you propose to support yourself (and your family, if applicable) while a student?

## References

*Please answer all the questions*

Please give the contact details of a **pastor** or **church leader** who will provide a reference on your behalf

**Name**

**Church**

**Phone**

**Email**

**Address**

Please give the contact details of a **friend** or **colleague** who will provide a reference on your behalf

**Name**

**Phone**

**Email**

**Address**

## Declaration

*Read and sign this section.*

I declare that all the information contained here is accurate and true, to the best of my knowledge.  
I consent to IBIOL to store and use my personal data in accordance with the uses described above  
as stipulated by the Data Protection Act 1998.

Your name:

Your signature:

Date: