Christ Life Ministerial Institute (CLMI)

**(Training Arm of The Christ Life World) NPO Reg No: 142-586**

**Affiliated to Emmanuel Christian University South Africa**

**Accredited by International Association of Theological Accreditation (IATA)**

**Student Application Form**

**Fill in application truthfully as it applies to you**

**Please tick the course you have chosen**

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| Basic Ministerial Program |  |
| Advanced Ministerial Program |  |

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Surname: …………………………………….. ID/PP No:

Full Names: ………………………………………………………………………………………

Sex: …………………… Date of Birth: …………………………………….Age: ……………….

Designation: …………………………… Ordained? (If yes) When? ..............................................

Residential Address: ……………………………………………………………………………….

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Email: ………………………………………………......... Cell/Tel:

Church Name & Address ………………………………………………………………………......

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………………………………………Province: ………………….. Postal Code: ………………...

Senior Pastor’s Name: ……………………………………………………………………………..,

Senior Pastor’s Phone Number: ……………………………………………………………………

**QUALIFICATIONS**

Highest Academic Qualification: …………………………………………………………………..

School: ……………………………….……………Year Completed …………………………….

Certificate Obtained ……………………………………………………………………………….

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| **Spiritual information:**   * When were you born again? * Where did this happen? * Please give a brief account of how it happened: * When did you receive the infilling of the Holy Ghost with the evidence of speaking in other Tongues? * Where did this happen? * What can you identify as your area of passion in Christian Ministry:      * Do you know for certain what field of the 5 fold ministry you are called into (if yes, which)      * Have you read the Tenets of Faith of The Christ Life World? **(If no, you can read them at** [**www.thechristlifeworld.org**](http://www.thechristlifeworld.org)**)** * Do you subscribe to every one of these Tenets of Faith? * Which of the Teachings of The Christ Life World do you not accept   (Find difficult to accept)     * If married, is your spouse aware of your desire to be trained in Christian ministry and is she/he ready to accept your ministerial functions: * Are you aware that Christian Ministry requires absolute dedication to the Lordship of Christ and sacrificial service to His body which is the Church (involving your time and finance) * Are you aware that Christian Ministerial ethics require that you live a life of holiness and absolute integrity in all forms of relationships, family, business and church? * Are you ready to work in harmony with other ministers in the Christ Life World (male or female) to achieve the vision of *making men like Christ* and reaching the nations of the world through organised mission efforts? * Do you accept the Leadership of the Christ Life World to spiritually supervise your ministry, to discipline and offer you the spiritual parental guidance needed for effective ministry? * Do you struggle with any form of addiction? * Do you have a weakness in financial faithfulness? (E.g. Tithing) * Do you have a weakness in relationship with the opposite sex? * Do you struggle with your temper? * Are there certain personal challenges you wish to share for clarification, counselling or prayers before your acceptance into this spiritual training program?   **MINISTERS FROM OTHER MINISTRIES**  If you are a minister serving in another ministry outside **The Christ Life World**, be informed that by completing this form you have submitted yourself to the Apostolic supervision and discipline of the Spiritual Head of **The Christ Life World** while your training last**.**     * You are expected to submit along with this form a reference letter from a prominent and respected Christian leaders in your community OR congregation on your **PERSON, INTERGRITY and MINISTRY.** * Your Spouse (if married) must also sign or endorse this form in the relevant space provided. * The complete financial implication involving **Registration, all Course Materials and your Graduation** should be paid. * Have you received any other training in Christian Ministry? If yes which? (Pls attach relevant certificates acquired).   I……………………………………………………………………………………….. Have completed this form correctly and to the best of my knowledge have not withheld any information that ought to have been given.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Candidate** **Signature & Name of Spouse** **Date** |