

PENTECOSTAL THEOLOGICAL COLLEGE

P.O. BOX 149, MBALE (UGANDA).

www.pentecostalcollege23.org

Email: ptheocombale23@gmail.com,

Tel: 0392178417, 0782235005

Application Form

Pass port
Photo

APPLICATION FORMS FOR ADMISSION

- Instructions:**
1. please print all information.
 2. Please return this form to PTC with a non- refundable fee of **20,000**.

A. PROGRAM APPLIED FOR: (Show by a Tick in the box, the Program of your choice)

1. Department of Theology

Diploma in Bible and Theology

Two year

☐

Certificate in Church Ministries and Management

One year

☐

Tick appropriate program of study: - Day ☐ Evening ☐ Weekend ☐ Modular ☐

2. Department of Community Transformation

Diploma in Agri- Business

Two years

☐

Diploma in Counseling and Guidance

Two years

☐

Diploma in ICT

Two years

☐

Diploma in Social Development

Two years

☐

Diploma in Child Development

Two years

☐

Certificate in Agri-Business

One years

☐

Certificate in ICT

One years

☐

Certificate in Counseling and Guidance

One years

☐

Certificate in Social Development

One year

☐

Certificate in Child Development

One year

☐

Tick appropriate program of study:- Day ☐ Evening ☐ Weekend ☐ Modular ☐

B. PERSONAL INFORMATION

Names: _____ Age: _____ Sex: _____ Nationality: _____

Mailing Address: _____ Mobile Number _____ E-mail _____

Name and address/telephone of person to be contacted in case of emergency: _____

Marital Status: Married: ☐ Single ☐ Widowed ☐ Divorced ☐

C. RELIGIOUS INFORMATION

Christianity: ☐ Islam ☐ Others: ☐ (Specify) _____

D. ACADEMIC INFORMATION

What is your level of education? "O" Level ☐ "A" Level ☐ University ☐ Other Institutions others ☐
 (Specify) -----

List all secondary and Post-secondary institutions you have attended:

School/College

Years

Please enclose photocopies of Transcripts/Records, Certificates, etc

H. DECLARATION.

If accepted, do you promise to give yourself to the preparation of mind and heart for Christian service and to refrain from all practices and habits, which are inconsistent with a good Christian testimony?

Yes: _____

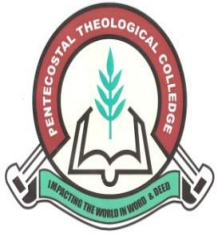
No: _____

Name of applicant: _____

Date: _____

Signature: _____

I-----declare that the information given in the forms above is true, complete and correct to the best of my knowledge and belief and hereby authorize that any information may be obtained in connection with my application.



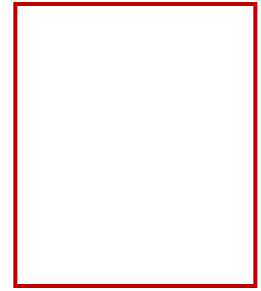
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CERTIFICATE OF HEALTH (MEDICAL WORKER)

(To be mailed by the examining Medical Officer)

(Part 1 (To be completed by the applicant)

Name: ----- Date of Birth ----- Sex -----

Address ----- E-mail -----

Course applied for-----

Name and address of parent/Guardian/Wife/ Husband or next of kin to be notified in case of emergency:

Name -----Relationship -----

Address ----- Tel: -----

Have you ever been admitted to hospital? Yes/No

If yes, state reason for admission and date -----

Have you ever had any of the following illness?

- | | |
|---|--------|
| (a) Tuberculosis or other chest infection | Yes/No |
| (b) Fits, nervous disease or fainting attacks | Yes/No |
| (c) Heart disease or rheumatic fever | Yes/No |
| (d) Any disease of genitor – Urinary system | Yes/No |
| (e) Allergies to food or drugs | Yes/No |
| (f) Diabetes | Yes/No |
| (g) Sexually transmitted disease | Yes/No |
| (h) Any disease of the digestive system | Yes/No |
| (i) Epilepsy | Yes/No |

If the answer to any of the above is yes, please give details with date -----

Do you suffer from any physical disability? Yes / No if yes, please explain-----

If there are any other relevant details of your medical history not covered by this page, please
give particulars -----

Has any member of your family suffered from?

(a) Tuberculosis Yes/ No

(b) Insanity or mental illness Yes / No

(c) Diabetes Yes/ No

Do you require any special diet? If yes specify

Applicant's Name----- signature ----- date: -----

Part 2 (To be completed by examining medical officer)

(a) Height Weight

(b) Visual acuity

Without glasses R 6/ L. 6/

With glasses R 6/ L. 6/

(c) Hearing Right ear Left ear

(d) Condition of,

Teeth -----

Nose -----

Throat-----

(e) Lymphatic glands -----

Circulatory system-----

Pulse -----

Blood pressure -----

(f) Abdomen -----

(g) Any other observation of importance (e.g. physical or mental disabilities)

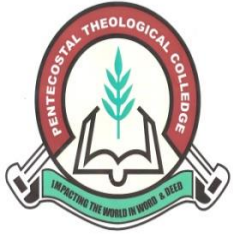
Date -----

Signature of physician-----

Qualifications-----

Address-----

Names ----- Signature----- Medical Stamp -----



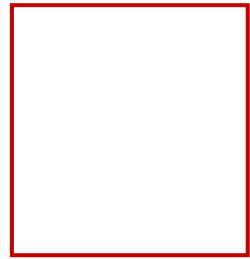
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PERSONAL REFERENCE FORM FOR RELIGIOUS LEADER

Part 1 of this personal reference form should be completed by applicant. The form should be given to your religious leader of which you are a part of fellowship, along with a stamped envelope, addressed it to: The Registrar, Pentecostal Theological College P.O. Box 149, Mbale.

Part One

Name of applicant -----

Present address -----

Course applied for -----

I request that this recommendation be treated as confidential to the officers and faculty of Pentecostal Theological College

I understand that it will be used solely for decision making on my application and that this reference will not be made known to any one else.

Signature of Applicant ----- Date -----

Part Two: (To be completed by a religious leader

Applicants for the certificate and Diploma programs offered by Pentecostal Theological College are considered on the basis of their personal profile, their present role in the church and community leadership that will enable them to effectively utilize the skills of their training. Please complete this form carefully and honestly, and return directly to the registrar's office.

1. How long have you known the applicant?

- (a) Less than one year
- (b) 1-5 years
- (c) Over 5 years

2. How well do you know him/her

3. To the best of your knowledge, has the applicant made personal commitment to Jesus Christ

- (a) Yes
- (b) No
- (c) I don't know

To what extent is the applicant engaged in the activities to your church/mosque?

- (a) Very irregular in attendance, little interested in activities
- (b) Regular in attendance but seldom participates in activities
- (c) Is cooperative and usually willing to help in church activities
- (d) Enthusiastically engaged in church activities

How does he/she relate to others?

- (a) Outgoing
- (b) Shy
- (c) Keeps to himself herself
- (d) Moody
- (e) Respected by others
- (f) I don't know

Comments -----

How do you perceive his/her abilities? (Tick all that apply)

- (a) Performs well academically
- (b) Public speaker/ teacher
- (c) Good in counseling and inter-personal relationships
- (d) Artistic
- (e) Administrator

Comments-----

In your opinion, does the applicant possess any outstanding abilities or talents? Please describe.

To your knowledge, does the applicant smoke, drink, use drugs or participate in any immoral practices? Please comment.

Please add any other comments that you would consider helpful in our considering this applicant for admission to Pentecostal Theological College.

These might concern such topics as his loyalty to the church community leadership abilities, concern for others, emotional stability to work with others.

Based on your knowledge of the applicant, will you recommend that we accept him/her for a course in Pentecostal Theological College?

Comments -----Your

signature-----date-----

Your Name (print) -----

Address-----

Church / ministry-----

Your position-----