



# Life Leadership Institute

*Raising Leaders of Today & Tomorrow*

## Application Form

For Office use only: **Reg. No.**

First Name:                      Second Name                      Last Name                      Title

Place of Birth                      Date of Birth                      Gender                      Nationality                      Passport Number:

Tick                      Do you have children? Number of Dependents & Ages

Married  
Single  
Divorce

E-mail

## Residence Information

Street Address                      City                      State                      Zip Code

Home Phone Number                      Cell Phone Number

## In Case of Emergency Whom To Contact

### Next Of Kin 1

Name                      Address:                      Telephone                      Relationship

### Next of Kin 2

Name                      Address:                      Telephone:                      Relationship

## Spiritual Information

1. How long have you been a committed Christian?
2. Give a brief account of your confession to Christ:
3. In what Christian work have you been engaged?
4. why do you believe your service has been fruitful?
5. For what purpose do you wish to enter this school?
6. To what area(s) of ministry (if any) do you believe the Lord is calling you?
7. What is your present church?
8. Do you have full membership?  
Comment:  
Yes  
No
9. Is your church in agreement with your application?

Comment:

Yes  
No

10. Are you now, or have you in the past been, connected with any modern religions or cults outside the regular Christian denominational churches ?

Comment:

Yes  
No

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*Please give the names and details of references, that are not used on this application as yet. Your current Pastor's cannot appear in this section. These should be senior and experienced Christians, not just 'friends'.*

**Reference # 1**

Name & Surname

Address:

Telephone:

Relationship:

**Reference # 2**

Name & Surname:

Address:

Telephone:

Relationship:

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**General Information**

1. Do you smoke?

Yes  
No

2. Do you consume or use alcohol?

Yes  
No

3. Are there any factors relating to health which we should be aware of?

Yes  
No

Comment: Please tell us more about your health.

4. Is there any relevant matters, which you desire to be taken into consideration in assessing this application?

Yes  
No

Comment:

5. How did you hear about this school?

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**Educational Background**

1. At which school(s) did you undertake secondary education?

2. Which standard/grade did you complete at school?

3. Have you undertaken further studies since leaving school?

Yes

No

Full Details:

4. Have you gained any degrees or diplomas?

Yes

No

Full Detail of degrees:

5. Have you trade qualifications?

Yes

No

Full detail of qualifications:

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Professional Background

Present Employer:

Company Name:

Address:

Telephone;

Occupation:

Past 5 years work Experience:

Full Details:

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Financial Information:

1. Do you have any financial commitments or responsibilities? (e.g. dependents, accounts)

Yes

No

Comment:

2. Are you free from debt?

Yes

No

Specify and set out arrangements to meet such commitments.

3. Do you have sufficient money to cover your fees and expenses?

Yes

No

Choice 1

Choice 2

a. What amount do you expect to have?

b. What plan do you have for meeting your financial obligations during training?

I, certify that the above information is correct to the best of my knowledge.

Signature of Student with date