

GLOBAL THEOLOGICAL SEMINARY
CENTRE FOR CAPACITY BUILDING AND CONTINUING EDUCATION
APPLICATION FORM

PLEASE
FIX PICTURE
HERE

PROFESSIONAL LAY COUNSELING TRAINING PROGRAMME

PERSONAL DATA

1. Surname: Other Names in full:

2. Sex / Gender: Male [] Female []

3. Email Address: 4. Mobile Telephone Number.....

5. Educational Qualifications (Start from the highest)

School, College or University Attended	Subjects/Courses	Degree/Certificate Awarded	Date of Award

6. Professional Certificates Gained if Any (Start from the most recent)

Awarding Institution	Professional Certificate Awarded	Date of Award

7. Profession/ Occupation:

8. Name and Adress of Place of Work:

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9. Position at Work Place:

10. Are you Physically Challenged? If Yes, Please Specify

11. Name and Telephone Number of Person to Contact in Case of Emergency:

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OTHER INFORMATION:

12. Why do you seek training in this programme?.....

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13. Choice of Delivery Mode: Regular Weekend

14. Would you want accommodation? Yes No

Signature of Candidate: **Date:**