BRIDGEWORLD
THEOLOGICAL SEMINARY

Tel: 0726-880858
Email: info@bridgeworldseminary.org
Web: www.bridgeworldseminary.org

Attach a recent passport-sized photograph here

APPLICATION FORM

APPLICATION PROCEDURE

1. Read the forms and any accompanying information carefully before filling any information. Give detailed information as possible. For additional information use a separate sheet.
2. Attach copies of supporting documents i.e. academic, medical, birth certificates, ID or passport. If they are not in English, attach certified translated copies.
3. Attach three recent coloured passport size photographs.
4. Pay the application fees of Kshs. 1000 to enable the processing of your application.

1. PERSONAL INFORMATION

Names: _____ _____ _____
Last (family) Name Middle Name First Name

Others names on previous records, if different from above (in full)_____

Date of Birth_____Citizenship _____Country of Birth _____

Country of residence_____Passport No. / ID No. _____

Gender: Female [ ] Male [ ]

Marital Status: Single [ ] Married [ ] Other _____

Cell phone no. _____

Current mailing address _____

Email _____

Languages spoken/written (and fluency)_____

How do you plan to finance your studies Self [ ] Family/Relative [ ] Scholarship [ ]

Give details of the sponsor/family/relative if applicable_____

_____

2. ENROLMENT INFORMATION

Year of Entry _____ January/February [ ] July /August [ ]

I would like to be considered for:

Certificate/Diploma in Christian Ministry [ ] Diploma in Theology [ ]

Certificate /Diploma in Christian Ministry: Counselling Psychology [ ]

Are you a graduate of Bridgeworld College? Yes [ ] No [ ]

If yes, when? _____ Which program _____

3. EDUCATION INFORMATION

Please list all the schools, colleges, or universities previously attended (Do not list primary schools)

Name of Institution	Duration	Certificate(s) acquired	Grade

Are you presently engaged in other studies? Yes [ ] No [ ]

If yes, give details _____

What academic or non-academic honours or positions have your received/held?

_____

_____

4. RELIGIOUS AFFILIATION

Denomination_____

Name of church_____

Current Address _____

Senior Minister's/Pastor's name _____

Your involvement in church _____

Duration _____

5. PARENT(S)/GUARDIAN/SPOUSE

Name_____ Relation to applicant _____

Address _____

Telephone/Mobile _____ Email _____

6. OCCUPATIONAL EXPERIENCE

Employer	Responsibility	From To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. FINANCIAL INFORMATION

How do you expect to meet the financial expenses for study?

[ ] Fundraising [ ] Sponsorship (letter from sponsor) [ ] Parent/Guardian

[ ] Self-Sponsorship [ ] Employer [ ] Other _____

8. ADDITIONAL INFORMATION

How did you learn about Bridgeworld College?

[ ] Current student/ Alumni [ ] Family/Friend

[ ] Church Announcement [ ] College Prospectus/Newsletter

NOTE: It should be noted by all applicants that cases of personification, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards will lead to automatic **cancellation of admission and prosecution** by the relevant authorities.

DECLARATION: I have noted and understood the implications of incomplete/incorrect information. I therefore certify that the information I have given is correct to the best of my knowledge

Signature of applicant_____ Date_____

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9. CERTIFICATE OF HEALTH

(This form is to be completed and returned by the medical officer examining the applicant.)

PART I (To be completed by the applicant)

In case of emergency, the following person(s) should be notified:

Name_____Relationship to applicant _____

Telephone/mobile _____

Address_____

MEDICAL HISTORY

Have you ever been admitted into hospital? Yes [ ] No [ ]

If yes, state reason for admission and date _____

_____

Do you suffer from any physical disability? Yes [ ] No [ ]

If yes, please explain _____

Do you have a medical insurance cover? Yes [ ] No [ ]

If yes, state the terms of the cover: Inpatient [ ] Outpatient [ ] both [ ]

Duration of cover_____

Name of insurer? _____

Applicant's signature _____ Date_____

PART II (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 _____

Lymphatic glands _____

Circulatory system _____

Pulse _____

Blood Pressure _____

Respiratory system _____

Abdomen _____

Spleen _____

Any evidence of hernia _____

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

_____

Signature of physician _____ Stamp _____

Address and qualificatio

_____

10. REFEREES

1. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____

2. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____

3. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____

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11. PERSONAL REFERENCE FORM (To be completed by a Pastor/Christian Leader)

Please complete this form carefully and honestly, stamp, seal it and return to the Registrar.

1. How long and in which way have you known the applicant? _____

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

_____

3. How is he/she engaged in the activities of your Church?

_____

_____

4. Does the applicant possess any outstanding abilities or talents? How do you perceive his/her abilities?

_____

_____

5. Please add any other comments that you would consider helpful in our considering this applicant for admission to our college.

_____

_____

Name _____

Address _____

Telephone/ Mobile _____

Email _____

Name of Church _____

Title/Position _____

FOR OFFICIAL USE ONLY

Recommendation of Registrar:

Recommended: Programme_____

No. of years _____

Not Recommended: Reason _____

_____

Recommendation of Academic dean:

Recommended: Programme_____

No. of years _____

Not Recommended: Reason _____

_____

Recommendation of Principal:

Recommended: Programme _____

No. of years _____

Not Recommended: Reason _____

_____

Official Stamp