

City Harvest School of Theology

Application for Admission (Form A1)**For City Harvest Church Use Only**

Student No: _____

Paid Application Fees by: Cash Cheque (No: _____)

Sign: _____

Please attach your
passport size photo
here.**1. Personal Information**

Full Name (as in NRIC/ Passport): _____

Cell Group: _____ Cell Group Leader: _____

Pastor/ Pastoral Supervisor: _____

Home Address: _____

City: _____ Zip Code: _____

State: _____ Country: _____

Citizenship: _____ Date of Birth (dd/mm/yy): _____

Telephone (Home/ Office): _____ Mobile Phone: _____

Gender: Male Female Passport/ NRIC No.: _____

Email Address: _____

For Non-Singaporean citizen residing in Singapore, please indicate the type of pass you are holding:

Type of Pass: Student Pass Dependent Pass Long Term Social Visit Pass
 Work Permit Employment Pass Training Employment Pass
 Entre Pass Letter of Consent Others (pls specify): _____
 S Pass Permanent Residence _____

Pass Expiry Date (dd/mm/yy): _____

2. Application Details

A) Have you submitted an application to City Harvest School of Theology previously?
 Yes No If Yes, when? (dd/mm/yy): _____

For CHC Members ONLY to fill only:

B) Please indicate if you have completed the following Bible Study levels:

Church Introductory Class:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Victorious Living:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Getting Started:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foundation Truths 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Christian Lifestyle 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foundation Truths 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Christian Lifestyle 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Going On To Perfection:	<input type="checkbox"/> Yes <input type="checkbox"/> No

C) Are you attending Cell Group and Service regularly? Yes No

3. Marital Status

Single Widow/Widower - Date (mm/yy): _____ Married - Date (mm/yy): _____

Co-habiting Divorced - Date (mm/yy): _____ Re-Married - Date (mm/yy): _____

If you have been married more than once, please state the number of times: _____

Name of Spouse: _____

Is your spouse in agreement with your decision to attend City Harvest School of Theology? Yes No

I have the following number of children living at home: _____

4. Educational Background

Beginning with Secondary/ High School, list all educational institutions you attended (including theological institution):

A) School: _____ Time Period (mm/yy): _____ to _____

B) School: _____ Time Period (mm/yy): _____ to _____

C) School: _____ Time Period (mm/yy): _____ to _____

What is your highest educational qualification obtained? _____

5. Employment History

Please list your employment history in chronological order for the past 5 years:

A) Company: _____ Time Period (mm/yy): _____ to _____

Position Held: _____

B) Company: _____ Time Period (mm/yy): _____ to _____

Position Held: _____

C) Company: _____ Time Period (mm/yy): _____ to _____

Position Held: _____

If you are currently unemployed, please explain briefly: _____

Do you have a criminal record? Yes No

If Yes, please state the period (mm/yy): _____ to _____

Please relate briefly: _____

6. Church Information

Name of Church: _____

Name of Senior Pastor: _____

Name of Denomination: _____

Church Address: _____

City: _____ Zip Code: _____

State: _____ Country: _____

Telephone (Office): _____ Fax: _____

7. Your View of the Bible

I believe the Bible ...

- ... is the infallible Word of God and the standard for the Christian life and faith.
- ... contains the Word of God, but is not infallible.
- ... is an interesting spiritual document, but needs to be re-interpreted for the people and needs of our time.

8. Christian Background

A) Were you raised in a Christian home? Yes No

B) Date you were saved (dd/mm/yy): _____

Briefly relate your conversion: _____

C) When did you receive the baptism in the Holy Spirit with the evidence of speaking in other tongues?

Date (dd/mm/yy): _____

D) Have you backslidden previously? Yes No

If yes, state the reason/s for backsliding: _____

Date of rededication (dd/mm/yy): _____

E) When did you become a regular member of City Harvest Church (if applicable):

Date (dd/mm/yy): _____

F) What are the church ministries you have served in?

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

9. Your Ministry

A) Are you currently in full-time ministry? Yes No

If Yes, state the area of ministry: _____ Time Period (mm/yy): _____ to _____

If No, do you feel God's calling on your life to enter full-time ministry? Yes No

B) Identify the area/s of ministry to which you feel God is calling you:

- Pastor Evangelist Teacher Missions Youth
- Children Music Ministry-Vocal Music Ministry-Instrument
- Technical Support-Lighting, Audio, Visual Communications, etc.
- Helps-Ushering, Security, etc. Others: _____

10. Health Status

Blood Type: _____

Are you suffering from any allergy?

Yes No If Yes, please relate briefly: _____

Do you have HIV or Aids?

Yes No If Yes, please relate briefly: _____

Do you have asthma or bronchitis?

Yes No If Yes, please relate briefly: _____

Do you have diabetes or epilepsy (fits)?

Yes No If Yes, please relate briefly: _____

On a scale of 0-10, please rate your current physical fitness: _____

11. Health Record

A) Do you have any disease or disability that would require special facilities or would affect your studies in any way?

Yes No If Yes, please relate briefly: _____

B) Have you ever received any psychological or psychiatric care? Yes No

If Yes, please complete the following:

a. Period of treatment (dd/mm/yy): _____ to _____

b. Please relate briefly: _____

C) Have you ever received treatment for tuberculosis or malaria? Yes No

If Yes, please complete the following:

a. Period of treatment (dd/mm/yy): _____ to _____

b. Have you fully recovered from the sickness? Yes No

Please relate briefly: _____

D) Have you ever been or are still

If Yes, please state the period (mm/yy):

... using tobacco? Yes No _____ to _____

... using alcohol? Yes No _____ to _____

... using illegal or habit-forming drugs? Yes No _____ to _____

... involved in other religions or sects? Yes No _____ to _____

... involved in homosexuality? Yes No _____ to _____

... involved in occult practices? Yes No _____ to _____

If Yes, please relate briefly: _____

12. Next of Kin (To be notified in case of emergency)

Full Name: _____
Relationship: _____
Address: _____
City: _____ Zip Code: _____
State: _____ Country: _____
Citizenship: _____ Gender: Male Female
Telephone (Home/ Office): _____ Mobile Phone: _____

13. Income

How do you plan to pay for your school fees? Work Savings Sponsorship
Please provide the following details (if applicable):
Sponsor #1: _____
Telephone (Home/ Office): _____ Mobile Phone: _____
Sponsor #2: _____
Telephone (Home/ Office): _____ Mobile Phone: _____

14. Rules and Regulations

I hereby acknowledge that if I am accepted as a student, I will abide by all the rules and regulations of the City Harvest School of Theology: Yes No

15. Declaration of Statement and Signature

In line with the Personal Data Protection Act 2012, by submitting this form, I hereby give my consent to City Harvest Church ('CHC') and City Harvest School of Theology ('SOT') to collect, use and disclose my personal data for the purposes of processing my application, as well as notifying and contacting me regarding CHC and SOT-related matters via calls, text messages, post and emails.

Through my participation and involvement in CHC and SOT-related activities, my photographs and audio/video recordings may be used by CHC and SOT for internal and external publicity purposes through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting dpo@chc.org.sg. The CHC PDP Policy and how my personal data will be used is also available at chc.org.sg/pdpa.

I hereby certify that all the above information is true and factual.

Signature of Applicant: _____ Date: _____

16. Parent's/ Guardian's Consent (For applicants below 21 years of age)

In line with the Personal Data Protection Act 2012, by submitting this form, I, _____, *parent/guardian of the above-named child, hereby give consent to City Harvest Church ('CHC') and City Harvest School of Theology ('SOT') to collect, use and disclose my *child/ward's personal data for the purpose of notifying and contacting my *child/ward regarding CHC and SOT-related matters via calls, text messages, post and emails.

Through my *child/ward's participation and involvement in CHC and SOT-related activities, his/her photographs and audio/video recordings may be used by CHC and SOT for internal and external publicity purposes through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting dpo@chc.org.sg. The CHC PDP Policy and how my *child/ward's personal data is used is also available at chc.org.sg/pdpa.

I hereby allow my *child/ward to attend the entire course at City Harvest School of Theology.

Parent's/Guardian's Name & Signature: _____ Date: _____