

DAVIDIC SCHOOL OF MINISTRY

Application Form

Office Use Only

Student ID: _____

Date: _____

Personal details:

Salutation: Mr Mrs Ms Miss Master Dr Ps

First name: _____ Middle name/initial _____

Last name: _____

Mailing address:

Street or PO BOX number: _____

Suburb: _____ City/ province _____

State/region: _____ Country: _____

Post/ZIP code: _____ Email address: _____

Home Phone: _____ Mobile Phone: _____

Spiritual history:

How long have you been saved? _____ yrs

Have you been Baptised? Yes No

Have you been filled with the Spirit? Yes No

How did you come to hear about Jesus? (25-50 words):

Have you ever held position in a recognised religious organisation? (e.g. elder, deacon, worship leader, evangelist, crusade co-ordinator...). Describe your history (25-50 words):

Bible Knowledge:

Have you read the Bible from Genesis to Revelation? Yes No

Have you done Biblical studies? If so, what kind:

- Church run Bible study? Yes No

- Church or denomination run bible School? Yes No
If Yes, what was the equivalent length of full time study? _____ yrs
- Under Graduate level studies? Yes No
If Yes, Name of degree: _____
- Post Graduate studies? Yes No
If Yes, Name of Post Grad degree: _____

Information Required for ACOM Accreditation

Personal details:

Date of birth: _____ Sex: Male Female

Country of birth: _____

Do you have a disability? Yes No

If Yes, Please describe: _____

Education details:

Are you still in secondary school? Yes No

Highest school level completed: _____ Year: _____

Prior education achievement: _____

Employment details:

Labour force status:

full time part time self employed employer

unemployed - seeking full time work unemployed - seeking part time work

not employed - not seeking employment

Reason for study: _____

Language and ethnic group details:

Indigenous status: Aboriginal Torres Strait Islander Neither

Language spoken at home: _____

If, English is your second language, how well do you speak English?

very well well not well not at all