



Application Form Certificate in Theology

Personal Details

First Name: _____

Surname: _____

Email Address: _____

Cell Number: _____

Date of Birth: ____/____/____

Marital Status: _____

Number of Children: _____

Qualifications

What was your highest qualification? _____

When did you acquire your Last qualification? _____

Employment History

Are you employed: _____

Name of employer: _____

Registration

None refundable
Fee:

K60.00 Paid _____ Not Paid _____

Approved

Accounts: _____ Faculty of Theology: _____

Date of Registration: ____/____/____