



WAFIF Christian College

55 Old Harbour Road, Spanish Town, St. Catherine

Tel: 1876-403-6937

Email: wctis@wafifwholeliveschools.org

2019/2020 Academic Year

APPLICATION FORM

Please Attach One
Passport Size
Photo.

Application # _____

Please select your programme of study:

Diploma in Biblical Studies

Diploma in Counselling

ETA Certificate Courses

- Foundational Church Ministries,
- Standard Church Ministries

Certificate in Counselling

Certificate in Evangelism

Certificate in Demonology & Deliverance

Certificate in Project Management

Certificate in Entrepreneurship

Other _____

INFORMATION FOR APPLICANT

Application should be fully completed and submitted with **proof of qualifications, one passport size photo, a copy of your TRN, National ID, Birth Certificate and proof of payment. STUDENTS WILL NOT BE DEEMED FULLY REGISTERED UNTIL ALL FEES ARE PAID.**

A. PERSONAL DATA

First Name:	Middle Name:	Surname:
Maiden Name (If Applicable):	Date of Birth: (dd/mm/yr)	Gender: • Male _____ • Female _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other	Nationality: TRN #:	Current Disability (if Any):

Address:	Email:	Mobile Contact #: WhatsApp #: Home #: Work #:
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EMERGENCY CONTACT		
First Name:	Relationship	Contact #:
Surname:		
First Name:	Relationship:	Contact #:
Surname:		

CURRENT/LAST EMPLOYMENT:

Current Occupation/Job Title: _____

Place of Employment: _____

Period: From: _____ ---- _____

Address: _____

Contact No. _____ Number of Dependents: _____

B. EDUCATIONAL BACKGROUND/QUALIFICATIONS			
Tertiary Institution Attended	Course/Programme of Study	Results/Award	Period (Frm – To)
Secondary Institution Attended	Subjects Taken	Results/Award	Period (Frm – To)

C. Programme of Study: _____	
Preferred Mode of Study:	Enrolment Period:
<input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Correspondence	September _____ January _____

DECLARATION

1. I certify that the information provided on this application is to the best of my knowledge accurate.
2. I understand that falsifying information may result in disciplinary actions or make me ineligible for admissions at WAFIF College of Theology & Integrated Studies.
3. I further understand that WAFIF College of Theology & Integrated Studies reserves the right to take disciplinary actions, such as dismissal of a student, in the event of a behavioural misconduct by said student, which may negatively affect the student body or institution.

As a student of this institution, I also agree to carry out the following responsibilities:

- Adhering to the institution’s code of conduct/principles;
- Arriving at school each day on time and being prepared;
- Demonstrating respect, cooperation, and fairness to all;
- Using all school equipment and property appropriately and safely;
- Completing and submitting assignments in a timely manner.

Student’s Signature _____ Date: _____

***** END OF APPLICATION *****

FOR OFFICIAL USE ONLY

Documents Submitted: Completed application form _____, Passport size photo _____, copy of birth certificate _____

TRN _____, National ID _____

Application Fully Accepted _____ Rejected _____ Provisional Acceptance _____

Comments: _____

Interviewer’s Name & Signature: _____ Date: _____

Interviewer’s Name & Signature: _____ Date: _____

Director’s Name & Signature: _____ Date: _____

E. CHURCH AFFILIATION

Are you a member of a church or religious group?

Yes No

Name of your Local Church/Religious Affiliation:

Are you a Christian? Yes No. How Long _____

Period:

From (year): _____ - _____ or Currently

In which department do you currently serve?

Name of Pastor/Leader:

Contact No.: _____

F. WAFIF SPONSORSHIP

Full Name of Applicant: _____

Area(s) of ministry in which you currently serve: _____

Tuition Cost: \$ _____

Value of sponsorship given: \$ _____

Balance payable by student: \$ _____

APPROVED BY FOR PAYMENT BY:

Name (ELT Leader or Bishop)

Signature

Date