



ST JOSEPH CHRISTIAN COLLEGE

(Joseph Ayo Babalola University)

Envisioning your future

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Web: www.sjccollege.org.uk

APPLICATION FORM

Proposed Course (Please Tick)

Certificate (CertTh) in Christian Ministry Diploma (DipTh) in Ministerial Studies

A. Personal Details (Please use CAPITAL letters)

Title: _____ Gender: _____ Marital Status: _____

Surname/Family Name: _____

First and Middle Name: _____

Date of Birth: _____

Nationality: _____

B. Contact Details

Address: _____

County/Province: _____

Post Code: _____

Country: _____

Home Tel no: _____

Mobile no: _____

Email Address: _____

C. Educational Qualifications

Name and Address of Institution Attended

Date

Qualification Awarded

D. Employment History (starting with most recent)

Name and Address of Employer

Date

Job Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Christian Experience

Year of Conversion:

Name & Address of the Church Where Membership is Held

Name of Your Church Minister:

Please Describe Your Position and Responsibilities (if any) in Your Local Church

Why Do You Want to Attend St Joseph?

F. Names & Address of Two Referees (one must be your local Pastor)

1.

2.

Email:

Email:

G. Applicant's Declaration

I, _____, declare that the above data is true. I promise that I shall, if given admission, abide by the rules and regulations of St Joseph Christian College.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Start Date: Student Number: