



APPLICATION FORM

Copenhagen Bible Training Center



FOTO

1. Personal information

Surname:

First name:

Address:

Zip Code:

Town:

Country:

State (Canadian and US residents only):

Telephone number:

Cell phone number:

E-mail:

Birth date: Day: Month: Year: CPR-Registration:

Male Female

2. Civil status

Single

Married Date:

Divorced Date:

Widowed Date:

Name of the spouse:

Is your spouse going to attend the Bible School?

Does your spouse move to Copenhagen?

Is your spouse positive about you attending the Bible School?

I have children living in my home; the child's/children's name(s) and CPR-Registration:

.....
.....
.....

Do you need babysitting?

3. Education and occupation:

What is your education (from basic school and further on)? :

School/education:

Time period:

.....
.....
.....

Present occupation: Time period:

Name of employer: Work assignment:

Previous occupation: Time period:.....

Name of employer: Time period:.....

If you at the moment is without work; please explain why:

.....

Have you ever been punished because of violation of the law? Yes No

If yes; please explain why:

.....

4. Church

Please write name and address of the church you are member of and attend:

.....
.....

Are you raised in a Christian home? Yes No

When did you commit your life to Christ?

Please briefly explain how it happened:

.....

When were you baptized in the Holy Spirit?

Which Christian activities have you participated in?

Please write an "X" in the beginning of the text

if you have had a leading position:

Time Period:

.....

.....

.....

5. Calling

Do you have a certain calling on your life to serve the Lord in full time ministry?

Yes No I don't know

Which area(s) do you feel the Lord has called you? :

Pastor Evangelist Teacher Mission Children Youth

Ministering tasks Music/song Music instrument, which?

Have you already been in ministry for the Lord? No Yes , which ministry? :

.....

6. Health condition

Do you have any sickness or handicap that requires special aid or in any way can influence your school attendance and studies? No Yes , please give a short description? :

.....

Have you ever been patient in a mental hospital or a psychiatric section? Yes No

If yes, please briefly explain when and why:

.....

Have you ever been involved in/ or had a problem with:

Alcohol Drugs Smoking Homosexuality/ lesbian relationships

Occult phenomena (for instance hypnosis, meditations) Other religions/sects

If yes, when and how long:

How is your relation to it today? :

7. View on the Bible

My view on the Bible is:

- It is God's Word perfect in all its teachings and the highest standard of Christian living.
- It contains God's Word but is not the highest authority and there are mistakes in it.
- It is an interesting spiritual historic document that has to be interpreted according to our times people and needs.

8. Parents

Father:

Mother:

Name:

Address:

Telephone number:

Occupation:

9. Economy

How do you intend to provide for yourself/your family during the semesters?

.....
.....
.....
.....

10. Rules and regulations

As a student at Copenhagen Bible Training Center I understand I must submit myself and follow the rules and regulations that hold good during the semesters. Yes No

11. Signature

I confirm in terms and conditions that all information is correct.

Place

Date

Signature

.....

This application must be supplied by a recommendation of a pastor or another spiritual leader followed by two recommendations from people who know you well. The 3 recommendation forms will be sent separately to us by the ones who fill them out. All information will be treated with confidentiality.

Please send this application form to us either by postal mail to:

KØBENHAVNS BIBELTRÆNINGSS CENTER

HEDEMARKSVEJ 15

2620 ALBERTSLUND

DENMARK

Please mark the envelope Application

Or electronicly to:

INFO@KBC.DK

Please write Application in the subject field.

RECOMMENDATION FORM

Copenhagen Bible Training Center

Must be filled out by a pastor or spiritual leader



Applicant's name:

Surname:.....

First name:

CPR- Registration:

I hereby confirm that I don't get to see these confidential answers and that they will be sent directly to Copenhagen Bible Training Center's Bible School.

Place and date: Applicant's signature

To the person who recommend:

Name:

Address:

Town:

Telephone number: Occupation:

It is important to us that you are very accurate and honest in your answers. We understand your answers are your personal opinion about the applicant's character and not a professional statement. You do not help the applicant by holding back information you might think has a negative influence on our estimation.

1. **How long time have you known the applicant? years.**

2. **Has your relation been:** Very close Close Not close For a time Something else

3. Kind of relation: Are you the applicant's:

CHURCH: Pastor Sunday School Teacher Choir Leader Co-Worker Something else

WORKINGPLACE: Employee Employer Colleague

SCHOOL: Headmaster Teacher Co-Student

SOCIALLY: Friend of the Family Personal Friend Neighbor Something else

4. Describe the applicant's character:

	Very good	God	Not so good	Bad	Don't know
Honesty	<input type="checkbox"/>				
Economic responsibility	<input type="checkbox"/>				
Reliability	<input type="checkbox"/>				
Teamwork skills	<input type="checkbox"/>				
Study ability	<input type="checkbox"/>				
Leading skills	<input type="checkbox"/>				
Personal hygiene	<input type="checkbox"/>				
Care for others	<input type="checkbox"/>				
Moral	<input type="checkbox"/>				
Obeying instructions	<input type="checkbox"/>				

5. How diligent is the applicant to study or work?

Very conscientious Works a lot Works lesser than others Works more than others Very lazy

Works as much as other people Don't know

Commentary:

6. Does the applicant pay his bills in time?

Yes No Don't know

Commentary:

7. How is the applicant's relation to other people?

Very good Normal Sometimes it's a problem associating with others

Is not popular Don't know

8. How emotionally steady is the applicant?

Steady Small problems Serious problems Don't know

Commentary:

9. How do you estimate the applicant's leading ability?

Competent Normal No leadership Don't know

10. The applicant's spiritual influence on others are:

Positive Negative Neutral

11. What kind of friends does the applicant associate with?

Christian friends Non-believing friends Nobody Others

12. Have you ever questioned the applicant's moral? Yes No

If yes; concerning which areas? :

13. Please describe the applicant's home - and family life:

Good Not so good Bad Don't know

14. Do you know if the applicant is:

Smoking Doing drugs Has an alcohol problem

15. What do you think are the applicant's strong characters: *(Include positive traits)*

.....
.....
.....

16. What do you think are the applicant's weak characters: *(Include negative traits)*

.....
.....
.....

Place and date: Signature:

The applicant you are recommending cannot apply for admission until you have completed and returned this recommendation in a closed envelope or electronically to us. Your information will be treated with confidentiality.

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2620 ALBERTSLUND
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RECOMMENDATION FORM

Copenhagen Bible Training Center

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First name:

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