



CHRIST CASTLE BIBLE INSTITUTE

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APPLICATION FORM

All information provided are confidential and will not be released to any other person without a reasonable reason.

(Please use black ball pen)

Surname: _____ Others: _____

Postal Address: _____

Post Code: _____

Home Telephone: _____ Mobile Number _____

Email address: _____

Date Of Birth: _____

Gender: I am a Male / Female (please circle as appropriate)

Areas of Interest: _____

Relevant Education History: _____

Course Applied for:

Level One - Certificate In Christian Ministry

Level Two - Diploma In Applied Spirituality

Before you proceed to Level two you must have completed Level one or with equivalent.

Student's Signature: _____

Date: _____