



## Ministry Essentials Training Program Application

### Registration Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Name as you want it to appear on the certificate)*

Unique Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Postal Address)*

\_\_\_\_\_  
*(City, Town, Village) Province Country*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Information

Current Ministry Role: \_\_\_\_\_

Ministry Affiliation: \_\_\_\_\_

Level of Education: \_\_\_\_\_

*I understand that I am registering for the Ministry Essentials Training Program. I will receive a certificate when I successfully complete all the required courses to the satisfaction of the administration of the program and pay the required registration fee and certificate fee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY				
Academic Matters				
Course No.	Course Name	Date completed	Evaluation	Comment
METP 101	Knowing and Loving God			
METP 102	Learning God's Word			
METP 103	Caring for the People of God			
METP 104	Communicating God's Word			
METP 105	Ministering in Power			
METP 106	Spiritual Warfare			
METP 107	Reaching the Lost, Making Disciples			
METP 108	Financial Stewardship			
METP 109	Marriage, Family and Ministry			
METP 110	Leading Yourself and Others			
METP 111	Building Communities of Faith			
METP 112	Developing Christian Leaders			
Administrative Matters				
<b>GlobalEd Institute Student No:</b> _____				
Date Registration Fee Paid:			Amount:	
Date Certificate Fee Paid:			Amount:	
Program Certificate Issue Date:			Certificate No.	
Local Administrator Signature: _____				