



# APPLICATION FORM

Documents that must be included in the application file: Passport photo, photocopies of diplomas or certificates obtained, photocopies of identity card or passport, recommendations, medical information.

## 1. Personal Information

- Sex : ☐ Male ☐ Female
- Last Name: \_\_\_\_\_
- Last Name at birth (if different): \_\_\_\_\_
- First Name(s): \_\_\_\_\_
- Date of birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Nationality: \_\_\_\_\_
- Address: \_\_\_\_\_
- Postal Code: \_\_\_\_\_ City: \_\_\_\_\_
- Country: \_\_\_\_\_
- Telephone(s) : (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email : \_\_\_\_\_ @ \_\_\_\_\_
- Other (specify) : \_\_\_\_\_

## 2. Contact in case of emergency

- Sex : ☐ Male ☐ Female
- Last Name and First Name: \_\_\_\_\_
- \_\_\_\_\_ Relationship : \_\_\_\_\_
- Telephone(s) : (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email : \_\_\_\_\_ @ \_\_\_\_\_
- Other (specify) : \_\_\_\_\_
- Preferred method of communication: ☐ Telephone ☐ Email ☐ Other



### 3. Family Situation

☐ Single      ☐ Married      ☐ Divorced      ☐ Widow(er)      ☐ Other

### 4. Local church

- Name of the church: \_\_\_\_\_
- Does the church belong to a movement?      ☐ Yes      ☐ No
- If yes, specify the name: \_\_\_\_\_
- Pastor / Leader: \_\_\_\_\_
- Address of the church: \_\_\_\_\_
- Postal Code: \_\_\_\_\_ City: \_\_\_\_\_
- Country: \_\_\_\_\_
- Telephone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email: \_\_\_\_\_ @ \_\_\_\_\_
- Other (specify) : \_\_\_\_\_

### 5. Dedication

- Seniority in the church (indicate the year): \_\_\_\_\_
- Water baptism : ☐ Yes      ☐ No
- If yes : ☐ Totalimmersion      ☐ Other
- If other, specify: \_\_\_\_\_
- Year of baptism: \_\_\_\_\_ City: \_\_\_\_\_
- Country: \_\_\_\_\_
- Active ministries or position held in the church: \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_ /  
\_\_\_\_\_ / \_\_\_\_\_



## 6. Education and level of study

- General education level: ☐ Primary ☐ Secondary ☐ Higher education
- Specify : ☐ CAP ☐ BEP ☐ BP ☐ Bac + : \_\_\_\_\_
- Area of study: \_\_\_\_\_
- Prior biblical training: ☐ Yes ☐ No
- If yes, specify: \_\_\_\_\_

## 7. Objectives

- What are your motivations for taking this training course? (If necessary, please fill in the blanks on a separate sheet of paper)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



- [illegible]

## Availability

- ### *In Martinique*

- I find accommodation on my own: ☐ Yes ☐ No
- I'm looking for accommodation: ☐ Alone ☐ Shared accommodation ☐ For couples ☐ Family



## 9. Financial information

- A non-refundable registration fee of €100 is payable upon enrollment for all types of courses.
- The amount must be transferred to the bank account in international format (please include your name and “Application fee” as a reference):
- IBAN : **FR76 1010 7003 8000 5340 7028 609**      BIC : **BREDFRPPXXX**
- For full-time training applicants only: Have you reviewed the CTI training costs (information available on our website)?  
☐ Yes      ☐ No
- How do you plan to cover the costs of your studies at CTI?  
☐ Personal funds    ☐ Loan    ☐ Grant    ☐ Church    ☐ Solidarity  
☐ Not yet known

## 10. Miscellaneous information

- How did you hear about the CTI – Caribbean Theological Institute?

---

---

---

## 11. References / Recommendations

- Please provide the names and contact information of three people (outside your family), including your pastor, who recommend you for your studies. The CTI – Caribbean Theological Institute reserves the right to contact them for further information about you. These individuals must have known you closely for at least three years.



**Reference Person 1: Pastor**

- Sex : ☐ Male ☐ Female
- Last Name et First Name : \_\_\_\_\_
- \_\_\_\_\_ Relationship: \_\_\_\_\_
- \_\_\_\_\_
- Telephone(s) : (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email : \_\_\_\_\_@\_\_\_\_\_
- Other (specify) : \_\_\_\_\_
- Preferred method of communication: ☐ Telephone ☐ Email ☐ Autre

**Reference Person 2: A friend from your church**

- Sex : ☐ Male ☐ Male
- Last Name and First Name : \_\_\_\_\_
- \_\_\_\_\_ Relationship: \_\_\_\_\_
- \_\_\_\_\_
- Telephone(s) : (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email: \_\_\_\_\_@\_\_\_\_\_
- Other (specify) : \_\_\_\_\_
- Preferred method of communication: ☐ Telephone ☐ Email ☐ Autre

**Reference Person 3: A friend from your church**

- Sex : ☐ Male ☐ Female
- Last Name and First Name: \_\_\_\_\_
- \_\_\_\_\_ Lien : \_\_\_\_\_
- \_\_\_\_\_
- Telephone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_
- Email: \_\_\_\_\_@\_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Preferred method of communication: ☐ Telephone ☐ Email ☐ Other



## 12. Commitment

I declare that the information provided is accurate and I undertake to provide the requested documents.

I pledge to follow the teachings with seriousness and respect.

- Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- At : \_\_\_\_\_

- Candidate's signature preceded by the words "Read and approved":

---