



WORD OF FAITH BIBLE INSTITUTE

OCTOBER 2021

[STUDENT No. BCC/OCT/21/_____]

BASIC CERTIFICATE COURSE (BCC)

Affix two recent
passport picture

SURNAME..... FIRST NAME.....

(Print your name as you want it to appear on your statement of result & certificate)

GENDER M / F ARE YOU ABOVE 18 YRS? Yes / No

NATIONALITY..... MARITAL STATUS M S O

ADDRESS.....
.....

POST CODE..... TEL..... MOBILE.....

EMAIL ADDRESS.....

ARE YOU BORN AGAIN? Yes / No

WHEN DID YOU BECOME BORN AGAIN?

WHERE DID YOU BECOME BORN AGAIN?

CURRENT PLACE OF WORSHIP.....

ADDRESS.....
..... POST CODE.....

NAME OF YOUR PASTOR.....

PRESENT ACTIVITY GROUP.....

ANY PREVIOUS BIBLE COLLEGE OR TRAINING COLLEGE FOR MINISTRY? Yes / No

IF YES, PLEASE STATE THE DATE(S) AND WHERE.

| SCHOOL ATTENDED | DATES | CERTIFICATE OBTAINED |
|-----------------|-------|----------------------|
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|--|--|--|

ACCESS REQUIRED? Yes No

IF YES, PLS SPECIFY.....

ARE YOU COMING WITH CHILDREN? Yes No

IF YES, HOW MANY AND THEIR AGES.....

HOW DID YOU HEAR ABOUT WOFBI?

(A) CHURCH ANNOUCEMENT (B) WEBSITE (C) GRADUATION CEREMONY

(D) FRIEND (Friend's Name & Tel. Number)

(E) WOFBI GRADUANT'S RECOMMENDATION – (GRADUANT'S Name & Tel. Number)

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DECLARATION:

I, DO SOLEMLY DECLARE THAT THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. I AM AWARE THAT IF IT IS FOUND TO BE FALSE, I COULD BE DISQUALIFIED. I AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE BASIC CERTIFICATE COURSE (BCC) OF WOFBI.

SIGNATURE.....

DATE.....

Please return all completed forms to the Bookshop or by post for the attention of:

WOFBI Administrator

World Mission Agency-Winners Chapel International

Churchill Close, Green Street, Green Road, Dartford. DA1 1QE. info@winners-chapel.org.uk

Induction will take place the Sunday before the first day of WOFBI

OFFICIAL USE ONLY

TUITION PAID £.....

DATE.....

VOUCHER

DATE.....

SCHOLARSHIP.....

APPROVED BY.....