



**AFRICA THEOLOGICAL CENTRE (ATC) UGANDA**

P.O. Box 21427, Kampala. Uganda. Tel: 0751-769-845 E-mail: atcuganda@outlook.com

**APPLICATION FOR ADMISSION**

**PASTE  
PASSPORT  
PHOTO  
HERE**

**Programme enrolling (Tick the box):**

- Ministry Training Program** (not accredited)
- Certificate in Christian Service** (32 credits) Institute Level
- Associate Diploma in Christian Service** (64 credits) Institute Level
- Diploma in Christian Service** (96 credits) College Level

**PERSONAL INFORMATION**

Answer all questions legibly in the left column

NAME:	
PHONE CONTACT:	
ADDRESS:	
DATE OF BIRTH:	
AGE /SEX	AGE:                      SEX (CIRCLE):    M    F
EMAIL:	
MARITAL STATUS:	SINGLE, MARRIED, DIVORCED, SINGLE PARENT, RE-MARRIED, SEPARATED, WIDOW, WIDOWER, OTHERS
NUMBER OF CHILDREN/TRIBE:	NUMBER OF CHILDREN:                      TRIBE:
OCCUPATION:	

**CHRISTIAN LIFE INFORMATION**

YEAR SAVED:	
YEAR WATER BAPTIZED:	
YEAR SPIRIT FILLED:	
DO YOU SPEAK IN TONGUES? (YES OR NO)	
1) HAVE YOU COMPLETED FOUNDATIONS 1 AND 2? 2) WHAT LEVEL ARE YOU IN THE CDP PREGAME?	1) 2)
NAME OF CHURCH YOU ATTEND:	
PRESENT MINISTRY ROLE/FUNCTIONS:	
NAME OF YOUR PASTOR:	
ARE YOU A UAOG CREDENTIAL HOLDER? (YES/ NO)	

## EDUCATION INFORMATION

*\*A photocopy of relevant documents is necessary*

HIGHEST CLASS ATTENDED:	
HIGHEST LEVEL PASSED:	
1) ARE YOU ABLE TO READ? (Yes/No) 2) IN ENGLISH? (Yes/No)	1) 2)
1) ARE YOU ABLE TO WRITE? (Yes/No) 2) IN ENGLISH? (Yes/No)	1) 2)

## FINANCIAL INFORMATION

*\* Circle where relevant*

ARE YOU ABLE TO SUPPORT FAMILY IF ACCEPTED? (YES OR NO)	
Are You Able To Pay ATCEM Fee At the Commencement Of TERM? (Yes/No) <u>This fees is applicable to CCC/UAOG members only:</u> Ush 60,000 (Ministry Training Program) Ush 120,000 (Certificate Program) Ush 140,000 (Associate Diploma Program) Ush 170,000 (Diploma Program)	

## HEALTH INFORMATION

DO YOU HAVE ANY KNOWN SICKNESS? (YES OR NO)	
IF YES, PLEASE STATE NATURE OF SICKNESS:	

## APPROVAL FROM YOUR PASTOR & AREA OVERSEER

*\* Please get your pastor and Regional overseer to sign your form*

	<b>SIGNATORY</b>
Your Church Pastor:	
Your UAOG Sectional Leader:	
Your UAOG Regional Overseer (RO):	

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## FOR ATCEM OFFICE USE ONLY

Date Received Application Form:	
Information Complete:	
Fees Paid:	
Batch Number:	
Principal's Signature:	