



APPLICATION FORM

EQUIPPING YOU FOR PURPOSE



CBC Application



It is important that you read the Application Procedure before you complete this form. This will be found on a separate sheet enclosed in this application pack or if you downloaded this from our website then see Application Process on the apply page. Answer ALL questions relevant to your application. Any unanswered questions will result in your application being delayed. If the question does not apply write N/A.

0117 977 5536
info@carmelbiblecollege.org

All recommendation forms must be filled out by the relevant people and returned directly to CBC. Your application can only be processed if you have followed all of the above instructions.

Registered Address:
Carmel Bible College
817a Bath Road
Brislington
Bristol
BS4 5NL

ID PHOTOS

ATTACH 1ST PHOTO HERE

Passport Size
Photos Only

ATTACH 2ND PHOTO HERE

Do Not Send
Application
Without Photos

FOR OFFICE USE ONLY

Date Received:

Student ID No:

- ☐ Application Fee £20
☐ Minister's Recom.
☐ Personal Recom.
☐ Relative's Recom.

- ☐ Interview
☐ Accepted
☐ Rejected
☐ Conditional

APPLICATION FOR ADMISSION TO:

☐ CERTIFICATE

☐ DIPLOMA

1. Full Name: Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:
Last Name: Maiden Name:
First Name: Middle Name:

2. Contact Details:

Home No:
Work No:
Mobile No: Email:

3. Address:

Post Code:

4. Correspondence Address: (If not the same as above)

Post Code:

Application Form

A. PERSONAL AND GENERAL INFORMATION

5. Birth Date: Day Month Year

6. Nationality:

7. Do you hold an E.U. Passport? Yes ☐ No ☐

8. NI Number: 9. First Language:

9. Sex: Male ☐ Female ☐

10. Indicate whether you will be attending CBC as: Individual ☐ Married Couple ☐

11. List Dependants:

(Include those that you support financially)

First Name: Surname:

Age: Date of Birth: / / Relationship:

First Name: Surname:

Age: Date of Birth: / / Relationship:

First Name: Surname:

Age: Date of Birth: / / Relationship:

First Name: Surname:

Age: Date of Birth: / / Relationship:

12. Your Present Occupation:

14. Name of Employer:

13. Address of Employer:

Post Code:

14. Nearest relative to be notified in case of emergency:

Name: Relationship:

Contact Numbers:

Home No:

Day time No:

Residential Address:

Post Code:

Application Form

B. MARITAL STATUS INFORMATION

1. Marital Status:

Single ☐ Married ☐ Engaged ☐ Divorced ☐ Widower ☐ Widow ☐ Separated ☐ Remarried ☐

a. Have you or your spouse been previously married: Yes ☐ No ☐

b. If yes, give details: How many times:

Date of last marriage:

2. Personal Data of Spouse/Fiancé:

Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:

Surname: First Name:

Contact Numbers:

Home No:

Work No:

SECOND YEAR APPLICANTS - GO TO QUESTION 4

3. Other Details:

Is your spouse/fiancé
born again?

Yes ☐ No ☐

Will he/she be attending CBC:
with you?

Yes ☐ No ☐

4. Agreement:

Is he/she in agreement with your
decision to attend CBC?

Yes ☐ No ☐

C. SPIRITUAL DETAILS

SECOND YEAR APPLICANTS GO TO SECTION D

1. Have you been born again according to Romans 10: 8-10?

Yes ☐ No ☐

Place: Date:

2. Have you received the baptism of the Holy Spirit with the evidence of speaking in other tongues according to Acts 2:4?

Yes ☐ No ☐

Place: Date:

3. Have you been baptised as a believer by full immersion in water?

Yes ☐ No ☐

Place: Date:

4. State your fundamental beliefs:

Do you believe the Bible is God's inspired Word and the only infallible Guide in matters pertaining to conduct and doctrine?

Yes ☐ No ☐

Do you believe in the Trinity - that God is One, but manifested in three Persons: the Father, the Son and the Holy Spirit?

Yes ☐ No ☐

Do you believe in the Deity of Jesus Christ, that He is God made flesh and that He is the only Mediator between God and man?

Yes ☐ No ☐

Application Form

C. SPIRITUAL DETAILS CONTINUED...

8. Addictive Habits (Please give 'FACT' answers and not 'FAITH' answers):

Have you ever used:

Tobacco Yes ☐ No ☐ If 'Yes', date last used:

Alcohol Yes ☐ No ☐ If 'Yes', date last used:

Illegal or habit forming drugs Yes ☐ No ☐ If 'Yes', date last used:

What drug(s)? How long for?

We would ask students whilst attending Carmel Bible College to abstain from the use of tobacco, alcohol or illegal drugs.

I will abide by this policy ☐

I cannot abide by this policy ☐

Signature

Date

D. MINISTERIAL DETAILS

1. In which church/denomination do you consider yourself to have been raised?

2a. State the details of the church you currently attend and denomination

e.g. Pentecostal, Charismatic, Baptist, Anglican etc.

2b. Name and address of Church:

Post Code:

Application Form

D. MINISTERIAL DETAILS CONTINUED...

3. How long have you attended this Church? If less than one year, explain briefly:

4. What is your position in the Church?

5. List Church activities you have been involved in and for how long:

6. Which Church did you attend before?

SECOND YEAR APPLICANTS - GO TO SECTION H

7. Do you feel you have a definite call of God on your life to enter the ministry? (into the Five Fold Ministry)

Yes ☐ No ☐ Not Sure ☐

If yes, explain briefly when, how and why you know that you are called of God:

8. Identify the area(s) of ministry to which you feel God is calling/has called you:

Missions ☐ Pastor ☐ Helps ☐ Evangelist ☐ Teacher ☐ Other (Specify):

9. Do you hold ministerial credentials with any organisation? Yes ☐ No ☐

If Yes, are you: Licensed ☐ Ordained ☐ Which organisation/denomination?

10. If you are currently not involved with a church, please explain why on a separate page.

E. CHURCH AFFILIATION AND REFERENCES

1. Minister's recommendation given to (must be your Pastor):

Name: Church:

Contact No:

Residential Address:

Post Code:

2. Personal recommendation given to someone who has known you well for a year or more, but not a relative

Name: Church:

Contact No:

Residential Address:

Post Code:

Application Form

F. EDUCATIONAL HISTORY

1. Tick highest level of secular education attained: GCSE ☐ A Levels ☐ Diploma ☐ Bachelors ☐
Honours ☐ Masters ☐ Doctorate ☐ Other (Specify): ☐

2. Have you ever been denied acceptance or been expelled, dropped or suspended from any School/College/University: Yes ☐ No ☐ Date: / /

3. List the Secondary School educational institutions attended by you:

Name of School	From (Year) to (Year)	Diploma/Degree/etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Can you read, write and comprehend the English Language? Yes ☐ No ☐

G. EMPLOYMENT HISTORY

1. Please list your present and past work experience starting with your present employer:

Name of Employer	From (Year) to (Year)	Occupation/Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. List any occupational/professional skills you possess:

3. If you are currently unemployed, please give an explanation below, including how you will provide your tuition fees and personal expenses while attending CBC:

Application Form

H. FINANCIAL HISTORY

The administrators of CBC are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his/her financial responsibilities are very significant to successful Christian living. Thus, we desire the following information:

1. Please indicate how you plan to pay your expenses:

Spouse Employment ☐ Savings ☐ Parents (amount promised)
 Sponsor ☐ (Amount Promised) £
 Other ☐ (Specify) amount promised)

If sponsored, signature of sponsor is required:

Date

Signature of sponsor or parent(s) (if applicable)

I. MEDICAL DATA

1. Indicate by ticking your physical condition: (E - Excellent, G - Good, F - Fair, P - Poor)

General Health ☐ **E** ☐ **G** ☐ **F** ☐ **P**

2. Relate any illnesses / conditions / disabilities you have had or presently have

3. Do you have any known allergies: Yes ☐ No ☐

If Yes, specify:

4. Do you experience severe allergic reactions? Yes ☐ No ☐

If Yes do you have an EpiPen Yes ☐ No ☐

Application Form

I. MEDICAL DATA CONTINUED...

7. Are you presently taking any form of medication:

 Yes ☐ No ☐

If Yes, name of medication/drug:

How often?

Name of Doctor's Surgery:

Address of Doctor's Surgery:

Post Code:

8. Medical Consent:

"I hereby grant full and complete permission to CBC or its employees or any related consulting physician to render to me any emergency treatment, medical or surgical care that might be deemed necessary. When necessary for executing such care I also grant permission for hospitalisation."

You must tick YES or NO and sign on the line below

 Yes ☐ No ☐

Date

(Applicant must sign above)

J. DECLARATION

SECOND YEAR APPLICANTS - GO TO QUESTION 3

1. Explain briefly on a separate sheet why you want to attend Carmel Bible College.

2. Have you previously submitted an application to attend CBC?

 Yes ☐ No ☐

3. Are you planning to attend CBC under an international study visa?

 Yes ☐ No ☐

4. If you are under 18 years, has consent of parent(s)/guardian been obtained for your studies at CBC?

 Yes ☐ No ☐

Date

Signature of parent(s)/guardian

5. "I understand that all items submitted to CBC as part of the application process will not be returned.

I hereby state that all the information contained in this application is correct and true. If CBC is notified that any of this information is false, it could be grounds for immediate dismissal."

Date

Signature of applicant

Data Protection Act

Unless otherwise informed, all relevant information contained in this application form will be kept on the CBC database for use by CBC to maintain student records. It is the policy of CBC not to pass your information to third parties, but to keep you informed of events as necessary. Please read over the data privacy notice and return the completed Keeping in Touch form:

Personal Recommendation Form

0117 977 5536
info@carmelbiblecollege.org

Registered Address:
Carmel Bible College
817a Bath Road
Bristol
BS4 5NL

THIS INFORMATION SHOULD BE SENT DIRECTLY TO CBC AND WILL BE TREATED AS CONFIDENTIAL.

1. Name of prospective student:

Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:

Last Name: Maiden Name:

First Name: Middle Name:

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. DETAILS OF RECOMMENDING FRIEND/RELATIVE

1. Name of Recommending Person:

Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:

Last Name: Maiden Name:

First Name: Middle Name:

2. Contact Numbers:

Mobile/Home No:

Work No:

3. Postal Address:

Post Code:

4. Residential Address: (If not the same as above)

Post Code:

5. Church Name:

6. Church Address:

Post Code:

7. Position in Church:

How long have you held this position?

8. Are you a graduate of ABTC ☐ Yes ☐ No ☐
CBC ☐
CBI ☐

If Yes, which year?

PERSONAL RECOMMENDATION FORM CONTINUED ...

B. EVALUATION OF APPLICANT

1. How long have you known the applicant?

2. Describe your relationship:

Very Close ☐ Close ☐ Casual ☐ Distant ☐

3. Describe the nature of your relationship:

Pastor ☐ Friend ☐ Co-Worker ☐

Ministry ☐ Family ☐ Other Specify ☐

4. Please evaluate the applicants character and lifestyle: (E=Excellent, G= Good, F=Fair, P=Poor, U=Unknown)

E G F P U

☐ ☐ ☐ ☐ ☐ Christian life and testimony
☐ ☐ ☐ ☐ ☐ Honesty and integrity
☐ ☐ ☐ ☐ ☐ Ability to work with others
☐ ☐ ☐ ☐ ☐ Co-operativeness
☐ ☐ ☐ ☐ ☐ Financial responsibility

E G F P U

☐ ☐ ☐ ☐ ☐ Moral Character
☐ ☐ ☐ ☐ ☐ Consideration for others
☐ ☐ ☐ ☐ ☐ Appearance/acceptance
☐ ☐ ☐ ☐ ☐ Response to authority/instruction/discipline
☐ ☐ ☐ ☐ ☐ Dependability

5. Does the Applicant associate with people of good moral character:

Yes ☐ No ☐

6. Briefly describe the applicant's married/family life:

7. Indicate the term(s) which best describe the applicant's attitude towards the church and its activities:

Warmhearted/Enthusiastic ☐ Tolerant/Passive ☐ Critical/Contemptuous ☐

8. Is the applicant involved in active ministry?

Yes ☐ No ☐ Unknown ☐

9. Do you recommend the applicant be considered for CBC?

Yes ☐ No ☐ Unknown ☐

10. Please give any comments that would be helpful in evaluating the applicant:

(continue on a separate sheet if necessary)

Signature of recommending friend

Date / /

Ministers Recommendation Form

0117 977 5536
info@carmelcollege.org

Registered Address:
Carmel Bible College
817a Bath Road
Bristol
BS4 5NL

THIS INFORMATION SHOULD BE SENT DIRECTLY TO CBC AND WILL BE HIGHLY CONFIDENTIAL.

1. Name of Prospective Student:

Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:

Last Name: Maiden Name:

First Name: Middle Name:

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. DETAILS OF RECOMMENDING MINISTER

1. Name of Recommending Person:

Title: Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Dr ☐ Other:

Last Name: Maiden Name:

First Name: Middle Name:

2. Contact Numbers:

Mobile/Home No:

Work No:

3. Postal Address:

Post Code:

4. Residential Address: (If not the same as above)

Post Code:

5. Church Name:

6. Church Address:

Post Code:

7. Position in Church:

How long have you held this position?

8. Are you a graduate of: ABTC ☐ Yes ☐ No ☐
CBC ☐
CBI ☐

If Yes, which year?

MINISTERS RECOMMENDATION FORM CONTINUED...

B. EVALUATION OF APPLICANT

1. How long have you known the applicant?

2. Describe your relationship: Very Close ☐ Close ☐ Casual ☐ Distant ☐

3. Describe the nature of your relationship: Pastor ☐ Friend ☐ Co-Worker ☐
Ministry ☐ Family ☐ Other Specify:

4. Please evaluate the applicants character and lifestyle (E=Excellent, G= Good, F=Fair, P=Poor, U=Unknown)

E G F P U

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian life and testimony
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty and integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-operativeness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial responsibility

E G F P U

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moral Character
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration for others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance/acceptance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority/instruction/discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability

5. Emotional Evaluation:

Very Stable ☐ Stable ☐ Unstable ☐ Very ☐

6. What do you consider to be the applicants strong and weak points:

7. Briefly describe the applicant's married/family life:

8. Does the Applicant associate with people of good moral character? Yes ☐ No ☐

9. Indicate the terms which describe the applicant's attitude towards the church and its activities:

Warmhearted/Enthusiastic ☐ Tolerant/Passive ☐ Critical/Contemptuous ☐

10. Is the applicant involved in active ministry? Yes ☐ No ☐ Unknown ☐

11. Do you recommend the applicant be considered for CBC? Yes ☐ No ☐ Unknown ☐

12. Please give any comments that would be helpful in evaluating the applicant:

(continue on a separate sheet if necessary)

Date / /

Signature of recommending Minister

DATA PRIVACY NOTICE

1. Your personal data – what is it?

Personal data relates to a living individual who can be identified from that data. Identification can be by the information alone or in conjunction with any other information in the data controller's possession or likely to come into such possession. The processing of personal data is governed by the General Data Protection Regulation (the "GDPR").

2. Who are we?

Carmel Ministries International is the data controller (contact details below). This means it decides how your personal data is processed and for what purposes.

3. How do we process your personal data?

Carmel Ministries International complies with its obligations under the "GDPR" by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

We use your personal data for the following purposes: -

- To enable us to provide a voluntary service for the benefit of the public in a particular geographical area as specified in our constitution;
- To administer membership records;
- To fundraise and promote the interests of the church;
- To manage our employees and volunteers;
- To maintain our own accounts and records (including the processing of gift aid applications);
- To inform you of news, events, activities and services running at Carmel Ministries International.
- To share your contact details with other departments in Carmel Ministries International so they can keep you informed about news in the church and events, activities and services that will be occurring in the diocese you may be interested.

4. What is the legal basis for processing your personal data?

- Explicit consent of the data subject so that we can keep you informed about news, events, activities and services and process your gift aid donations and keep you informed about church events
- Processing is necessary for carrying out obligations under employment, social security or social protection law, or a collective agreement
- Processing is carried out by a not-for-profit body with a political, philosophical, religious or trade union aim provided:
 - the processing relates only to members or former members (or those who have regular contact with it in connection with those purposes); and

DATA PRIVACY NOTICE CONTINUED ...

5. Sharing your personal data

Your personal data will be treated as strictly confidential and will only be shared with other members of the church in order to carry out a service to other church members or for purposes connected with the church. We will only share your data with third parties outside the church with your consent.

6. How long do we keep your personal data?

We keep data in accordance with the guidance set out within Data Protection Legislation.

Specifically, we retain data while it is still current; gift aid declarations and associated paperwork for up to 6 years after the calendar year to which they relate; and church registers (baptisms, marriages, funerals) permanently.

7. Your rights and your personal data

Unless subject to an exemption under the GDPR, you have the following rights with respect to your personal data: -

- The right to request a copy of your personal data which the holds about you
- The right to request that the church corrects any personal data if it is found to be inaccurate or out of date
- The right to request your personal data is erased where it is no longer necessary for the church to retain such data
- The right to withdraw your consent to the processing at any time
- The right to request that the data controller provide the data subject with his/her personal data and where possible
- The right, where there is a dispute in relation to the accuracy or processing of your personal data, to request a restriction is placed on further processing
- The right to object to the processing of personal data,
- The right to lodge a complaint with the Information Commissioners Office (UK)

Further processing

If we wish to use your personal data for a new purpose, not covered by this Data Privacy Notice, then we will provide you with a new notice. The new notice will explain the new use of your personal data prior to commencing the processing. It will set out the relevant purposes and processing conditions.

Where and whenever necessary, we will seek your prior consent to the new processing.

8. Contact Details

To exercise all relevant rights, queries of complaints please in the first instance contact: Data Protection Officer at 0117 9775533 or monaw@carmelcentre.org

You can contact the Information Commissioners Office (UK) on 0303 123 1113; via email <https://ico.org.uk/global/contact-us/email/> or by writing to the Information Commissioner's Office,

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

KEEPING IN TOUCH

Your privacy is important to us, and we want to communicate with church members in a way which has their consent, and which is in line with UK law on data protection. As a result of a change in UK law, we now need your consent to how we contact you. Please fill in the contact details you want us to use to communicate with you:

Name:	
Address:	
Post Code:	
Email Address:	
Phone Number:	
Alternative Phone Number	

By signing this form you are confirming that you are consenting to Carmel Ministries International holding and processing your personal data for the following purposes (please tick the boxes where you grant consent)

I consent to the church contacting me by: Post ☐ Phone ☐ Email ☐

- ☐ To keep me informed about news, events, activities and services at Carmel Ministries International (note you can unsubscribe from the church communications at any time);
- ☐ To including my details in the 'Church Directory'.
- ☐ To share my contact details with the departments in Carmel Ministries International so they can keep me informed about news, events, activities and services that will be occurring in the church and which are directly relevant to the role I am undertaking;

Signed: _____ Dated: _____

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Assets Team.

You can withdraw or change your consent at any time by contacting the Claire Parsons at Carmel Ministries international, 817A Bath Road, Brislington, Bristol BS4 5NL or clairep@carmelcentre.org. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

Carmel Ministries International is a Registered Charity, No 1094052



