



**General INFORMATION**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: line 1: \_\_\_\_\_

Address: line 2: \_\_\_\_\_

Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

Are you applying for the full time or part time course ? Full/Part

UK Citizen? Yes/No

Would you be interested in overseas mission trip? Yes/No

If yes – passport no. \_\_\_\_\_ / expiry date \_\_\_\_\_ I don't have passport yet \_\_\_\_\_

**PERSONAL**

Gender: male/female \_\_\_\_\_

Marital Status: single/separated/widowed/divorced/married

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

## SPIRITUAL INFORMATION

When did you receive Jesus Christ as your Lord and Saviour? \_\_\_\_\_

Do you experience the power of the Holy Spirit according to Acts 1:8 and Acts 2:4?

Yes/No/Unsure (circle one)

Baptised as a believer ? : Yes/No

Do you regularly attend church? Yes/No

What is the name of your Church? \_\_\_\_\_

How long have you attended for? \_\_\_\_\_

Senior Leader's name \_\_\_\_\_

Church Address/email/contact number:

\_\_\_\_\_  
\_\_\_\_\_

Have you recently left another church? Yes/No

If yes, was it a good parting or are there unresolved issues?

\_\_\_\_\_  
\_\_\_\_\_

In what areas of Church life are you serving or have served in the past?

\_\_\_\_\_  
\_\_\_\_\_

Which spiritual gifts would you say you currently operate in ? (Read 1 Corinthians 12:7-11 and Romans 12:6-8 for some guidance.)

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit to being monitored and lovingly corrected as necessary? Yes/No

Are you willing to minister in a way consistent with Celebrate Supernatural School guidelines?

Yes/No

Brief description of how you came to know Jesus?

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How would you describe your current walk with God?

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Do you feel called to a particular aspect of ministry?  
(eg pastor, missionary, worship leader, children's worker)

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## HEALTH

Do you have a physical disability? Yes/No

Have you ever been treated or recommended to receive treatment for a mental or emotional issue? Yes/No

Please describe and medication currently taken and the purpose of said medication:

How would others describe your temperament?

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## Education/Skills/Training

Please tick all that apply:

University Graduate

A-level (or equivalent)

GCSE (or equivalent)

Did not complete High School

Other Training (please state)

What was your area of study/ or employment?

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CSSM offers two streams of homework, reflective (more theological discussions ) and applied. Which of these streams do you think you would prefer to be in ?

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List any musical abilities that you have:

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## EXPERIENCES

*\*Answering "YES" to any of these questions will NOT disqualify the applicant from acceptance. (answer all that apply) – if your answer is "Yes", please briefly explain:*

Do you have any life controlling issues or addictions that you are struggling with (e.g. drugs, alcohol, eating disorder, pornography) ? Y/N

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Have you ever been arrested or convicted ? (Apart from speeding convictions) Y/N

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Have you ever been involved in the occult, witchcraft, or cults Y/N

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## FINANCES

How do you plan on paying for your course?

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## MORE INFORMATION

How did you hear about CSSM?

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Why do you want to attend CSSM?

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CSSM uses the DVD curriculum from the Bethel School of Supernatural Ministry, in Redding, CA.

What's been your expose to teaching from Bethel?

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## References:

*For references, we are able to send an electronic version through email OR they may fill out the paper copies, also included. Please note that if they fill out the paper copies, we do not need their email reference here.*

Your pastoral reference should normally be from one of the leaders of your Church.

Pastoral: Name \_\_\_\_\_

Email \_\_\_\_\_

Personal 1: Name \_\_\_\_\_

Email \_\_\_\_\_

Personal 2: Name \_\_\_\_\_

Email \_\_\_\_\_

***By Submitting this form I agree that any falsification of information on this application is grounds for dismissal at any time. I further agree to Kingdom Ministries and Celebrate School of Supernatural Ministry keeping electronic and paper copies of all data submitted on this form.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email : [enquiries@kingdom-ministries.org.uk](mailto:enquiries@kingdom-ministries.org.uk)

Website : [www.celebratesupernaturalschool.org.uk](http://www.celebratesupernaturalschool.org.uk)

