



**AFRICA CENTER FOR THEOLOGICAL STUDIES**



PASSPORT  
PICTURE

## ADMISSION FORM

**A. NAME (must be clearly written in block letters.)**

**SURNAME**

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**FIRST NAME**

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**OTHER NAMES**

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**B. Gender** Male  Female  (please tick)

**C. Date of Birth**

Day:  Month:  Year:

**Place of Birth.**

**D. Nationality**

**Home Town.**

**E. Occupation**

**Mobile No.**

**F. Marital Status**

Single

Widow

**Email.**

Married

Divorced

(Social media e.g facebook)

**G. Postal Address**

**Res. Address.**

**H. Passport or Recognized Identity Card Number**

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**J. What is the highest level of education you attained?**

**Employment Status.**

(please tick)

**K. Baptism in the name of Jesus?**

(please tick) Yes

No

Employed full time

Student

Employed part-time

Retired

**L. Holy Ghost Baptism?**

(please tick) Yes

No

Self Employed

Unemployed

**M. What is your area of ministry / interest in the church?**

**N. Do you hold a license with United Pentecostal Church International Ghana?**

Yes

No

**O. FURTHER DETAILS**

**SPECIAL HEALTH NEEDS OR DISABILITY**

Do you have any disability which may affect your studies or necessitate special support

Yes

No

If 'Yes' please give further information:

Do you have any criminal conviction in any country?

Yes

No

If 'Yes' please give further information:

Have you ever engaged in any drug addiction?

Yes

No



I _____ certify that, to the best of my knowledge, the information I have provided is complete and true.			
Signature of Applicant		Date	
Name of Pastor		Tel:	
Pastor's E-mail			
Signature of Pastor		Date	

**THE PLEDGE**

If I am accepted as a student of ACTS GHANA, I will agree to abide by the rules and regulations of the college to bear all my responsibility without complaint and to conduct myself at all times and become a spirit-filled Christian: to meet my financial obligation as required, respect those in authority and apply myself diligently to become a man or a woman of God. I agree that after completing the course, the college authorities should keep my certificate for one year for me to prove myself as a Christian worker.

Recommendation from the Regional Presbyter / Head Pastor:

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Name: \_\_\_\_\_ Official Stamp: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Reference received: Pastor  Scholastic  Employer

Date for Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Disapproved  Pending

Principal's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

P.O.BOX 7455, Accra-North. Ghana  
 Tel: +233 243 90 2800 / 204 19 4909 / 244 78 7738  
 Email: actsghana@gmail.com facebook: African Centre for Theological Studies Ghana

Raising the Standard of Ministerial Excellence



## AFRICA CENTER FOR THEOLOGICAL STUDIES PASTOR'S REFERENCE

**Applicant's Name:**

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**Pastor's Name, Address and Tel. No**

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**Dear Pastor,**

The person who has given you this reference form is applying for admission in to ACTS (Ghana) your prompt reply is deeply appreciated and will be held in strictest confidence. Please evaluate this applicant in the following areas:

	Excellent	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Spirituality & Consecration					
Personal Appearance/Godliness					
Dependability					
Co-operative Spirit					
Personal Motivation					
Leadership Ability					
Ability to get along with others					
Consideration for others					
Sense of responsibility					
Faithfulness in Church Attendance					
Church Involvement					
Respect for Authority					
Care for financial obligation to Church and Community					

How long have you known the Applicant? \_\_\_\_\_

Is the applicant actively involved in the activities of the Church?  YES  NO If YES, please elaborate

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Please describe any other church-related activities in which the applicant has been or is now involved such as Sunday school, choirs, outreach, etc.

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How would you evaluate the financial status of the applicant's family?

Above Average

Average

Below Average

Will the applicant be able to assist with any expenses incurred in attending Bible College?

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Do you know of any health factors (physical or emotional) of which we should be aware? \_\_\_\_\_

If so please explain \_\_\_\_\_

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Would you recommend this individual, without exception, for admission? \_\_\_\_\_

If not, please explain \_\_\_\_\_

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Addition Comments:

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

Signature of Pastor: \_\_\_\_\_

E-mail Address:

Official Stamp:

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Do you know of any health factors (physical or emotional) of which we should be aware? \_\_\_\_\_

If so please explain \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Would you recommend this individual, without exception, for admission? \_\_\_\_\_

If not, please explain \_\_\_\_\_

Addition Comments: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Headmaster/Headteacher/Principal

E-mail Address: \_\_\_\_\_

Official Stamp: \_\_\_\_\_



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**AFRICA CENTER FOR THEOLOGICAL STUDIES**  
**EMPLOYER'S REFERENCE**

Name of Employee

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Name of Company/Institution

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Address and Tel. No.

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To the Employer:

The employee who has given you this reference form is applying for admissions to ACTS (Ghana). Your prompt reply is deeply appreciated and will be held in strictest confidence.

Please evaluate this applicant in the following areas

	Excellent	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Dependability					
Productivity					
Punctuality					
Sense of Responsibility					
Efficiency of Performance					
Ability to get along with others					
Emotional Stability					
Personal Appearance					
Moral Character & Integrity					
Cooperative Spirit					
Personal Initiative					
Respect for Authority					
Leadership Ability					
Care For Financial Obligations					

How long have you known the applicant? \_\_\_\_\_

Do you know of any health factors (physical or emotional) of which we should be aware?  YES  NO

If so please explain \_\_\_\_\_



Would you recommend this individual, without exception, for admission?  YES  NO

If not, please explain \_\_\_\_\_

\_\_\_\_\_

Addition Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Stamp:

E- mail Address:



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