



**Certificate course in Biblical Counseling
Satellite Campus for Theologos School of Ministry**

Registration Form

Title: _____ Surname: _____
Full Name: _____
Date of Birth: _____
Volle Naam: _____
ID Nr: _____
Postal Address: _____
Postal Code: _____
Street Address: _____

Tel: (w) _____ (h) _____
Cell nr: _____
E-mail: _____
Occupation: _____
Employer: _____
Highest academic qualification: _____

Friend or family member - name and relation:

Tel: _____

Please mark:

Single / Married / Divorced / Widow / Widower

Church Membership: _____

Involvement in Church: _____

Payment Method:

_____ Once off

_____ Deposit and down payment over 8 months