



CAPE TOWN BAPTIST SEMINARY

Registered by the Department of Education for the qualifications as shown on certificate number 2000/HE08/005

52 - 64 Tarentaal Road, Bridgetown, Athlone • P.O. Box 38473, Gatesville 7766

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APPLICANT'S SPOUSE

(To be completed by applicant's spouse)

The information on this form will be regarded as strictly confidential. Please complete the form honestly and send it directly to: **The Registrar, Cape Town Baptist Seminary, PO Box 38473, GATESVILLE, 7766**

A. GENERAL INFORMATION

1. Name: _____

2. Date of Birth: _____ 3. Nationality _____

4. Names and ages of children:

5. Educational qualifications (school and tertiary)

6. Current Occupation: _____

7. Telephone no. (h) (_____) _____

(w) (_____) _____

(cell) _____

8. Have you done any theological training? If so, give details

B. SPIRITUAL INFORMATION

1. Date of: a. conversion _____

b. believer's baptism (if applicable) _____

2. Church Membership: _____

3. Period of Membership: _____

4. Pastor/Minister of your church: _____

...../PTO

5. Past and present involvement in church (ministries or positions held):

6. Give a brief account of your conversion (+ - 50 words)

7. Describe your own spiritual journey during your spouse's decision to respond to God's call (+ - 50 words).

8. Are you supporting your spouse's application for admission as a student at the Seminary?

Yes No Uncertain

9. Are there any reasons why you believe that your spouse should not be studying at the Seminary?

10. Give an indication of how you plan to support your spouse while he/she is studying.

11. Are you prepared to accompany your spouse for an interview with Seminary representatives?
(not compulsory).

12. Are you willing to participate in Seminary activities as and when arranged?

SIGNATURE

DATE
