



Guidelines for Completing the Application Form



2012-2013

The following are important points to guide you through completing this application form:

- Please complete this form in black/blue ink and in BLOCK letters. (Hard Copy Only)
- All sections need to be completed. Please put N/A in any spaces that are not relevant to you.
- Failure to provide information requested will lead to a delay in the processing of your application.
- **If you require a visa, it is suggested that you start your application process at least 6 months in advance of the course start date.**
- Please note that IBIOL has **NO authorised agent** in any country. All correspondence must be directed through the official channels, communicated by ourselves in this pack.
- Please ensure that you write the year for which intake you are applying for (September **OR** January)

APPLICANT'S CHECK LIST

Application Fee

The application fee must be sent with your form otherwise the form will not be processed and it will become void if you do not send this fee after we have requested it. Please do not send cash by post. This fee is non-refundable.

Proof of Finance

This is a copy of the applicant's bank statement and/or that of the sponsor who is funding the course. The sponsor must also attach a sponsorship letter including the amount being sponsored.

Sponsor Letter

This letter should state that the sponsor agrees to fund your course. If there is more than one sponsor, letters need to be received from them also and each need to state the amount they are paying.

This letter must be accompanied by recent copies of the bank statement of the sponsor(s).

Photographs

These must be 4 passport size photos. Please glue them to the areas provided.

Complete Application Form

This includes the medical clearance form signed by your GP.

English Language Requirement Documentation (If Applicable)

This is a copy of your IELTS results stating that you have achieved a score of 5.0 or greater.

Academic Certificates

This is a copy of any academic certificates/transcripts listed on your application.

ENSURE THAT YOU HAVE ALL THE REQUIRED ITEMS AND DOCUMENTS IN A SEALED ENVELOPE BEFORE SENDING IT TO THE ADDRESS ON THE FRONT PAGE

ASSISTANCE AND COMMUNICATION

If you have any queries with this application, please do not hesitate to contact the IBIOL administration office at:

Kensington Temple, KT Summit House, 100 Hanger Lane, London, W5 1EZ
Tel: 020 8799 6162 Fax: 020 8998 4361 Email: ibiolinfo@kt.org www: [www: www.ibiol.org](http://www.ibiol.org)



IBIOL FEES, FEE PAYMENT & REFUNDS POLICY 2012 - 2013



APPLICATION FEES*	£50
FULL YEAR COURSE FEE (1 ST , 2 ND or 3 RD YEAR)	£2500

* Application forms without the application fee will not be processed.

The application fee is non-refundable.

1. FULL FEE DISCOUNT OPTIONS:

JAN 2013 Intake	SEPT 2013 Intake
£2,000 If paid in full <u>before</u> 30 th NOV 2012 £2,250 If paid in full <u>before</u> 3 rd JAN 2012	£2,000 If paid in full <u>before</u> 2 nd AUG 2013 £2,250 If paid in full <u>before</u> 6 th SEP 2013

Discounts only apply if fees paid in full by dates specified.

2. INSTALMENT OPTIONS:

Option 1	Option 2
Deposit of £1,000 + 10 instalments of £150*	Deposit of £1,500 + 10 instalments of £100*
* Instalment Payment Plans: JAN 2013 Intake - 10 instalments to be paid FEB 2013 – NOV 2013 SEPT 2013 Intake - 10 instalments to be paid OCT 2013- JUL 2014	

Deposits should be paid by latest 1 week to the start of term

IMPORTANT NOTES ON PAYMENT

Application & School fees should be paid by UK sterling cheque, Postal Order, Payment directly into our Bank Account or by cash.

For all bank transfer payments please email our office by email on info@ibiol.org to request for bank account details

The applicant is responsible for payment of all bank charges when making a transfer.

REFUNDS POLICY

All students are required to acknowledge the offer of a place at IBIOL for a year of study at the admission stage.

This acknowledgement implies a commitment to the course and payment of full fees as specified.

After the first week of term students are considered to be committed to complete the entire course. Should a student withdraw there will be no refund for the duration of the term then current. Refunds will only be considered for any whole term not attended. Refunds will only be made on the basis of a student's exceptional mitigating circumstances as the discretion of the Principal.

No refunds will be made where disruption of studies is due to the student's own volition or dismissal for poor attendance or misconduct. Students are liable for any fees owed at the time of withdrawal.

GENERAL PROCESSING GUIDELINES

- Refund Payments can only be made to the original person who paid the fees, in the same way the payment was received

(if the money was paid in cash, a cheque will be issued)

- No payments can be made to third parties.

- Once the refund has been paid, the student application form becomes void.

All refunds incur an administrative processing fee of £50



Entry year: September
January

Personal Details

Title Mr Mrs Miss Other

Surname

First name(s)

You must give your full legal name as it appears in your birth certificate or passport or other official document. Do not give nicknames or shortened names.

Marital status Single Separated Re-married
Married Divorced Widowed

Address

City

Country

Postal code

Telephone (home)

Telephone (work)

Telephone (mobile)

Email address

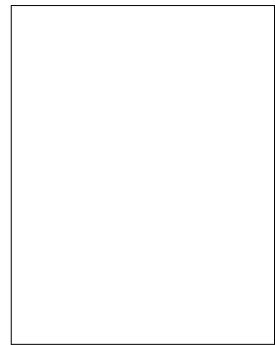
Date of birth *Day-Month-Year* **Age** *Age at time of application*

Place of birth *Give the town and country of your birth*

Nationality on passport *Also indicate if you have dual nationality*

Passport number

Passport Expiry date



*Attach **two** photographs of yourself one in the box above and one here.*

- The photographs must be:
- identical
 - recent (within the last six months)
 - passport-style and size.

Do not staple the photographs, use glue.

This section is for IBIOL office use only

Visa type

Visa expires



Family Contact

Give the contact details of your legal guardian or next of kin.

Title Mr Mrs Miss Other

Surname

First name

Address

City

Country

Postal Code

Telephone (home)

Telephone (work)

Telephone (mobile)

Email address

Relationship to you *Specify how this person is related to you, e.g. parent, spouse, etc.*

Relationships

Complete the sections below

Complete this section if you are currently married.

Name of spouse

Date of wedding

Place of wedding

Will you be living with your spouse while you are at IBIOL? Yes No

Reason

Complete this section if you have children.

List the names and ages of your children, including step-children, adopted and fostered children

Complete this section if you are engaged to be married.

Name of fiancé(e)

Date of wedding

Place of wedding

Are you currently living with your fiancé(e)? Yes No

Is he/she a born-again Christian? Yes No

Marital status of fiancé(e) Single Separated
Widowed Divorced

Complete this section if you have children.

Will you be living with your children while you are at IBIOL? Yes No

Reason



Church Details

Give the details of the church you currently attend.

Name of your church

Church address

City

Country

Postal Code

Telephone

Email address

Denomination or affiliation

Name of pastor/leader

Are you a member of this church? Yes No *If you have been at your present church for less than 12 months we require you to provide the information for your previous church.*

How long have you been attending?

- Church activities you have been involved in**
- | | | |
|--|--|--|
| <input type="checkbox"/> Church planting | <input type="checkbox"/> Drama | <input type="checkbox"/> Children's ministry |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Singing | <input type="checkbox"/> Youth ministry |
| <input type="checkbox"/> Missions | <input type="checkbox"/> Leading worship | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Leading small group | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Social work | <input type="checkbox"/> Management |

Other church activities or leadership roles you have held

Language Proficiency

Give the details of your proficiency in English and other languages.

Is English your first language? Yes No

If English is not your first language, the minimum requirement for our courses is an IELTS score of 5.0, or equivalent. For more information on IELTS (International English Language Testing System), please contact the IBIOL office.

What is the quality of your *spoken* English? Poor Fair Good Excellent

What is the quality of your *written* English? Poor Fair Good Excellent

Have you taken an exam in English? Yes No

Exam taken

Date **Grade or score**

What other languages do you speak, read or write?



*Give details of schools or colleges attended and qualifications achieved since age 11.
For exams and grades, please indicate the level attained, e.g. GCSEs, A-levels, NVQs, degree or equivalent*

Education

Name of school or college		Name of school or college	
Town & country		Town & country	
Dates of attendance		Dates of attendance	
Exams passed or grades attained		Exams passed or grades attained	
Name of school or college		Name of school or college	
Town & country		Town & country	
Dates of attendance		Dates of attendance	
Exams passed or grades attained		Exams passed or grades attained	

Use this box to detail any including any vocational or professional training you have completed.

Learning Difficulties

Indicate here if you have any difficulties in reading, writing, speaking or learning, including dyslexia, dysgraphia, aphasia, etc.



Spiritual Life

Please answer all the questions below.

How long have you been a Christian?

Give a brief outline of how you were saved.

Have you been baptised in water? Yes No

What does it mean to you to be baptised in water?

Have you been baptised in the Holy Spirit? Yes No

What does it mean to you to be baptised in the Holy Spirit?

What changes have you seen in your life since your conversion?

What have you done to enhance your spiritual growth?

Describe your personal devotional life (including prayer and reading the Bible).



Spiritual Life (continued)

Please answer all the questions below.

Describe your personal vision for ministry.

What do you consider your two greatest *strengths* and how do you use them or plan to use them?

What do you consider your two greatest *weaknesses*, and how are you correcting them?



Purpose and Calling

Please answer all the questions below.

Please explain why you are applying to do this course.

Do you feel called to work with a specific group of people or area of ministry?

If yes, give the details of any relevant ministry experience you have already had in this area.

What practical steps have you already taken to test your call?

What do you plan to do after completing your training?

Where do you see yourself in five years time?

Please write down the goals which you hope training at IBIOL will help you to fulfil.

Which individual, minister, church, ministry, or book has had the greatest influence on your Christian life, and in what way?



Finances

Please answer all the questions below.

How do you propose to pay your fees? Describe your payment plan.

Please indicate the financial resources available to you.

Your current personal savings:

Contribution from family and friends:

Estimated income while a student:

Contribution from your church:

Total:

If you are sponsored by your church or by another third party, you must include (with this application) a letter from your sponsor confirming their commitment.

It is the responsibility of the student to ensure full payment from sponsors.

Please include with this application evidence of your ability to pay your fees (e.g. bank statement, etc).

How do you propose to support yourself (and your family, if applicable) while a student?

References

Please answer all the questions

Please give the contact details of a **pastor** or **church leader** who will provide a reference on your behalf

Name

Church

Phone

Email

Address

Please give the contact details of a **friend** or **colleague** who will provide a reference on your behalf

Name

Phone

Email

Address



Health

Give the details of your health and fitness and any ailments you have had.

What is the general status of your *physical* health? Poor Fair Good Excellent

What is the general status of your *mental* health? Poor Fair Good Excellent

What is the general status of your overall fitness? Poor Fair Good Excellent

Are you currently taking prescribed medication? Yes No

Describe any medical treatment you have had in the last 18 months.

Indicate if you have ever had any of these medical conditions or illnesses.

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Tuberculosis |

Do you have any current medical conditions that we need to take into consideration?

Medical Clearance Questionnaire

Name Date

Please answer ALL of the following questions, in order that we may identify those assignments which are most suitable to you.

DO YOU HAVE OR HAVE YOU SUFFERED FROM:		NO	YES (presently)	YES (in the past)
1	Impaired Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Ear infection causing discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Impaired vision not corrected by wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Eye infection including sties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Migraine or persistent headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Recurring sore throats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Persistent cough producing sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dermatitis, eczema, psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Boils or ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Unusual shortness of breath on exertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Faints, dizzy spells, blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Nervous or mental disorder or depression requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Raised blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Severe back or neck pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Glandular trouble, e.g. thyroid disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Stomach or duodenal ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Frequent indigestion or bowel disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Diarrhoea, dysentery, gastro-enteritis, food poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Kidney or bladder infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Pneumonia or pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Typhoid, parathyroid, hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Scarlet or rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please print pages 11 & 12 and have your regular GP sign it.

Medical Clearance Questionnaire

Please answer the following questions		NO	YES	If yes, give details
33	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	(How many per day)
34	Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	(How much per week)
35	Do you wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>	
36	Have you ever had a chest x-ray?	<input type="checkbox"/>	<input type="checkbox"/>	
37	Have you suffered illness or injuries which required admission to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
38	Are you presently having treatment from your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
39	Are you presently taking drugs or medication, prescribed or otherwise?	<input type="checkbox"/>	<input type="checkbox"/>	
40	Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	
41	Have you recently travelled abroad?	<input type="checkbox"/>	<input type="checkbox"/>	(Dates?) (Where?)

<p>Name and ADDRESS of your GP</p> <p><i>(Should be given in full)</i></p>	
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I confirm that the above answers are true to the best of my knowledge and I understand that deliberate misrepresentation will result in no further assignments being offered to me.

Signature **Date**

Nurse Signature **Date**

Pledge of Honour

IBIOL



I, _____

(WRITE YOUR FULL NAME IN CAPITAL LETTERS)

Desire that God will further mature my Christian character, strengthen my faith, equip me for the work of the ministry, and that God's will for my life will be fulfilled in accordance with Matthew 28:18-20:

And Jesus came and spoke to them, saying, "All authority has been given to Me in heaven and on earth. Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all things that I have commanded you; and lo, I am with you always, even to the end of the age."

I sincerely believe that my steps have been divinely ordered under the direction of the Holy Spirit, therefore I believe that it is the will of God for me to be enrolled in the International Bible Institute of London.

As a student I agree and pledge to submit myself to the following core values of the International Bible Institute of London:

Intimacy with God

I agree to develop and deepen my relationship with God by various means both by myself and also involving others (i.e. in my cell). This will include regular fellowship, prayer and studying the Word of God in order that I may grow to know God more and more each day.

Commission

I agree to do all I can to win the lost to Christ, and help them grow in the faith. This will be the cornerstone of my training at IBIOL.

Obedience

I agree to adhere to all the principles of IBIOL as outlined in the Discipleship Handbook.

Character

I agree to allow God to change my heart, shape my character and transform me into His image through the ministry and teaching of His Word, and the discipleship programme of IBIOL.

Authority

I agree to come under the authority, instruction and covering of Kensington Temple and the IBIOL leadership for the period of my training.

Study

I agree to diligently study the Word of God, to show myself approved, and to grow in my relationship with God and others. I will therefore complete all assignments and projects, and complete all my tests and exams.

Punctuality

I agree to be punctual, ready to start at the predetermined time for each lecture session, meeting, tutorial group, cell group, and any other appointment associated with my training at IBIOL.

Attendance

I agree to attend school and class lectures, every day. If I am absent from school, I will notify the administrator as soon as I can by phone call or email (texts not acceptable) and turn in the appropriate documentation as soon as I return. I will also catch up on notes and complete all of my assignments that I missed.

Pledge of Honour

IBIOL



Stewardship

I agree to be a faithful and responsible steward in the area of my time, finances, and every resource God puts into my hands, to fulfil every commitment with my family, church, cell, IBIOL and others.

Health

I agree to refrain from the use of substances that might be harmful to my health and to avail myself of medical help when necessary to maintain my body as God's temple.

Faithfulness

I agree to be punctual and faithful in my attendance of all classes, cell meetings, net meetings and other meetings required by the IBIOL programme.

Purity

I agree to avoid immoral or illegal activities and I agree not to engage in any behaviour that is contrary to biblical conduct and ethics.

Fellowship

I agree to make Kensington Temple (or a KTLCC satellite church with prior permission) to be my home church for the duration of my training at IBIOL and to build fruitful relationships with others to the best of my ability.

To this effect, I confirm that I have discussed my commitment to IBIOL with the leader(s) in my local Church and have secured their unconditional release and secondment to Kensington Temple for the period of my training and that they also agree for me to enter fully into the Discipleship Cell Explosion vision at Kensington Temple for the duration of my studies.

Leadership

I agree to make every effort to develop my leadership gifts and potential through total participation in the Principle of 12 cell vision at Kensington Temple.

Focus

I agree to fully focus on the full time training programme and abstain from any other activity that may hinder my full participation or warrant my leaving the training programme for any length of time.

Excellence

I agree to communicate excellence in my speech, conduct, work, appearance and attitude.

Relationships

I agree to respect, and be an encouragement to my fellow course mates and work to build good relationship with IBIOL and with others without distinction of race, colour, nationality or culture.

Servanthood

I agree to be/become a servant in the House of God during my time at IBIOL and to serve God by serving my school, my family, church, cell, fellow students and the "lost" to the best of my ability according to the example of Jesus.

Declaration of Student:

I declare that I have carefully read and understood all the above. By signing below I accept and will comply with all the above for the duration of my studies at IBIOL. I also agree to abide by all the principles of the IBIOL as outlined in the Discipleship Handbook.

Signature _____

Date _____



Declaration

Read and sign this section.

I declare that all the information contained here is accurate and true, to the best of my knowledge.
I consent to IBIOL to store and use my personal data in accordance with the uses described above
as stipulated by the Data Protection Act 1998.

Your name:

Your signature:

Date: