



Christian Leaders' Training College of Papua New Guinea Inc

An Institute of Higher Learning



Serving the Churches of the South Pacific Islands since 1965

National Principal: Maxon Mani, PhD

PORT MORESBY CAMPUS APPLICATION

Dean, Pastor Duli Asi: dasi@cltc.ac.pg

Associate Dean (Education), Clyde Smith: csmith@cltc.ac.pg

Registrar, Johanna Smith: jsmith@cltc.ac.pg

Your full legal name: _____

First name

Surname

Qualification for which you are applying:

	URBAN MINISTRY FOUNDATION – 2 year certificate program. Pre-Requisite: Grade 8, or equivalent prior learning. A certificate program for urban ministry.
	ADVANCED DIPLOMA OF MINISTRY – 3 year diploma program. Pre-Requisite: Grade 12, or equivalent prior learning.
	DIPLOMA OF CHRISTIAN STUDIES – 1 year diploma program. Pre-Requisite: any diploma from an accredited institution. For applicants from other fields who desire a year of diploma-level theological studies, and for applicants aiming to bridge from any diploma into the Bachelor of Theology program.
	BACHELOR OF THEOLOGY – 2 year degree program. Pre-Requisite: An advanced diploma in a theological field from an accredited institution, with at least B+ average. Other previous training will be considered, but the applicant may be required to do the Diploma of Christian Studies as a bridging program.
	GRADUATE DIPLOMA OF CHRISTIAN STUDIES – 1 year degree program. Pre-Requisite: a non-theological degree from an accredited institution. For applicants from other fields who desire a year of degree-level theological studies, and for applicants aiming to bridge from any degree into the Master of Theology program. (The MTh program is currently offered on the Banz campus only.)

I give my word that all information included in this application is true and accurate.

Your signature: _____

<i>Office Use Only</i>							
Item	Main	Church	Community	Medical	Transcripts	Police	English
Date							
Reviewed Date:				Letter Given Date:			

INSTRUCTIONS

We are now accepting applications at any time, for admission any semester. Allow us two weeks for processing after you have completed all application requirements. Also allow yourself the time you will need to raise the funds for your fees.

Application Process

You complete the checklist below

Collect your application materials, and tick them off below as you complete each one. All of your information will be kept in confidence among the faculty only.

Main Application Form

For you as the applicant to complete.

Fill out Sections 1-4

Attached Supporting Forms

For you to give to others to complete about you and return to you.

Church Reference Form

Community Reference Form

Medical Form

Additional Supporting Documents

Certificates and Transcripts of Education

Submit transcripts from your

1. Highest secondary education
2. If attended, all vocational and tertiary education
3. Any other certificates or awards that are relevant to your application

Police Clearance

Because we are Christians whose belief and practice is centered around the redemption made possible by Christ's work on the Cross, we are happy to accept applicants with a police record. The only reason we need this document is to show due process regarding our institutional liability.

International Applicants

Submit a photocopy of the bio-data page of your passport for you and each member of your family.

Application Fee

K20

To help cover the cost of processing your application.

You visit the Port Moresby campus

Note: If you cannot visit the campus at this time, email the Associate Dean to make other arrangements.

Our campus is located in North Waigani, on Pitpit Street, on the right-hand side, just before the Morata roundabout. Come for a visit to

1. Submit all application forms, supporting documents, and your K20 application fee.
2. Sit for our English placement test.

Allow about three hours for your visit to allow you to take the English placement test and to allow us to confirm completion of all application requirements.

We evaluate your application and give you our decision

The campus faculty will examine your application and make a decision within two weeks after you have completed all application requirements. If we decide to accept your application, we will provide an acceptance letter. If we decide not to accept your application, we will provide a letter explaining our decision and suggest other options for you. In both cases, we will also notify you by phone.

Registration Process

If you receive an acceptance letter, you will complete the registration checklist below.

Invoice

Inform the Registrar whether you intend to study part-time or full-time

If part-time, let her know how many courses (subjects) per semester you intend to take. She will provide you an itemized invoice based on your intentions. Your fee will be calculated per course credit at the rates below.

The fee for two courses is given as an example of a part-time course load. For reference, two courses per semester will normally require a weekly commitment of four hours of classroom time and eight hours of personal study time. The full-time rate is based on our normal course load of 64 credits per semester.

Program	Per Credit	Part-time: 2 Courses	Full-Time: Semester	Full-Time: Year
Certificate	K26	K416	K1,664	K3,328
Diploma	K33	K528	K2,112	K4,224
Degree	K40	K640	K2,560	K5,120

Additionally, upon request, we will include a transport allowance for your daily commute to the campus. You can then use the total figure for your fund-raising, and we will pay out the transport allowance to you on a weekly basis.

Payment Plan

To pay your fees, you have two options

1. Pay in full by cheque or direct deposit to
CLTC POM CAMPUS OPERATING ACCOUNT
6001002770
WESTPAC Waigani
2. Contact the Associate Dean for a funding plan form, which you will complete and return to him for approval.

Registration

Submit to the Campus Registrar

Confirmation of full payment, OR a funding plan form signed by the Associate Dean. The Campus Registrar will take your photo for your ID card and register you as a student. Then she will give you a registration packet that includes

1. College calendar indicating the next semester start date
2. Student orientation packet
3. Course enrolment form

Take your course enrolment form to the Associate Dean to confirm course enrolment

Arrive on campus before 9:00am on the semester start date

The first morning, you will receive your student ID card, with your student number, your timetable, and your course materials.

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SECTION 1: YOUR DETAILS

Postal address: _____

Contact numbers: _____

Email address: _____

Church Affiliation(s): _____

Date of birth (dd/mm/yyyy): _____

Male or female: _____ Marital status: _____

Have you ever before applied to study at CLTC? If so, when:

SECTION 2: LONG-ANSWER QUESTIONS

Write your answers carefully in paragraph form. Be specific about your goals and experiences. (Attach a separate sheet of paper if needed.)

Why do you want to study at CLTC?

What do you hope to do when you graduate from CLTC?

Describe your family situation. If single and no children, what is your current living situation? If married or with children, provide names of family members.

Describe how you came to follow Christ. Share briefly your experience since then.

SECTION 3: YOUR WORK EXPERIENCE

Professional Experience

List all volunteer and paid professional work that you have done. (Attach a separate sheet of paper if needed.)

Type of Work	Employer	Years

Additional Ministry Experience

List any additional ministry experience. (Attach a separate sheet of paper if needed.)

Description	Organization or church	Years

SECTION 4: CAMPUS COMMUNITY COMMITMENT

The Christian Leaders' Training College, Port Moresby Campus is a Christian community joined together for the purpose of academic study, personal development and spiritual growth. We are committed to the Lordship of Jesus Christ and believe that the Scriptures establish the basic principles that should guide our life together. These principles include the responsibility to love God with all our being, love our neighbours as ourselves, seek after righteousness, practice justice, help those in need, forgive others, seek forgiveness and responsibly exercise freedom with loving regard for others. One of the important lessons you will learn here is about the way you should live together with people from different places and with different customs. We acknowledge that it is impossible to create a community with expectations that are totally acceptable to every member. Nevertheless, clearly stated expectations promote orderly community life. The Word of God tells us that "everything must be done decently and in order" (I Cor. 14:40).

As a member of the CLTC Port Moresby community, I will strive to practice stewardship of mind, time, abilities and finances. I will pursue opportunities for intellectual and spiritual growth and demonstrate care for my body. I also will exercise social responsibility in my standard of living and use of economic resources. Realizing the destructive character of an unforgiving spirit and harmful discrimination based on prejudice, I will seek to demonstrate unselfish love in my actions, attitudes and relationships. I will be honest and show respect for the rights and property of others. I recognize that some social practices are harmful to me, as well as harmful or offensive to others. Therefore, respecting the values of others and the mission of the Christian Leaders' Training College, I recognize my responsibility as a member of the community to refrain from sexual relationships outside of marriage, sexual harassment and abuse, pornography, acts of violence, abusive or demeaning language and the use of illegal drugs. Out of respect for my other brothers and sisters, I will abstain from the use of alcohol, tobacco, and betelnut while participating in college activities. I will also practice abstinence or moderation in all other settings. I pledge myself to carry out this commitment in a spirit of openness and helpfulness through mutual accountability motivated by love.

Please read the agreements below and tick the boxes after you have read them.

- I have read the Campus Community Commitment and understand the purpose and mission of CLTC Port Moresby.
- I accept the lifestyle expectations as my own while I am a student at CLTC Port Moresby.
- I agree to withdraw my application should I find myself unable to uphold the CLTC Port Moresby lifestyle expectations.

By signing this application I confirm that all information submitted for admission to CLTC is accurate. I understand that if I have falsified information I may be asked to withdraw my application or leave the college.

Date _____

Your Signature _____

CHURCH REFERENCE FORM

Applicant: Give this form to your local church pastor or leader to complete.

Church pastor or leader: thank you for completing this form on behalf of your applicant:

Dear Church Pastor or Leader,

The person presenting this form is applying to study at Christian Leaders' Training College – Port Moresby Campus. Please complete the following questions to help the Campus Faculty to better understand your applicant's Christian commitment, ministry experience, and future direction.

Name of your (and the applicant's) local church _____

Your name _____

Your position _____

Church address:

Contact numbers _____

Email address _____

How long have you known your applicant, and how long have they been in your church?

Is your applicant a committed Christian, and if so how is this seen in the person's life?

What is your applicant doing to help the Church?

How will your church support your applicant's studies, financially and in other ways?

What work can you picture your applicant doing after studying at CLTC?

Describe your applicant's family and living situation. How will they balance both looking after their family and giving adequate time to their studies.

Date

Signature

COMMUNITY REFERENCE FORM

Applicant: Give this form to one of your local community leaders to complete.

Community leader: thank you for completing this form on behalf of your applicant:

Dear Community Leader,

The person presenting this form is applying to study at Christian Leaders' Training College – Port Moresby Campus. Please complete the following questions to help the Campus Faculty to better understand the applicant's involvement in their community.

Name, or common way of referring, to of your (and the applicant's) local community

Your name _____

Your leadership role in the community

Your contact numbers

Your email address

How long have you known the applicant, and how long have they been living in your community?

How does the applicant relate to your local community?

What is your applicant doing to help your local community?

How will your community support the applicant's studies, financially and in other ways?

What work can you picture the applicant doing in your local community after studying at CLTC?

Describe your applicant's family and living situation. How will they balance both looking after their family and giving adequate time to their studies.

Date

Signature

MEDICAL FORM

Applicant: complete this front page, then give this form to a doctor, HEO, or nurse to complete.

Personal Statement:

1. What serious sicknesses or injuries have you had? What year and what kind?

2. What other times did you receive medical treatment? What year and for what reason?

3. What physical and health difficulties do you face at the moment?

Concerning the family members (wife and children) who will come with you:

1. What serious sicknesses and injuries have they had? What year and what kind?

2. What other times did they receive medical treatment? What year and for what reason?

3. What physical or health difficulties do they face at the moment?

Dear Health Officer,

The person presenting this form is applying to study at Christian Leaders' Training College. Could you please assist us by discussing their answers to their questions on the previous page and providing the following information:

Height: _____ cm Weight: _____ kg Blood pressure: _____

- | | |
|--|--------|
| 1. Does the candidate have a visual impairment? | Yes/No |
| 2. Does the candidate have a hearing impairment? | Yes/No |
| 3. Does the candidate have a physical disability? | Yes/No |
| 4. Does the candidate have a history of psychiatric illness? | Yes/No |
| 5. Does the candidate have a chronic illness?
(such as diabetes, epilepsy, asthma, heart condition) | Yes/No |
| 6. Are there any issues from the medical history the candidate has provided on the previous page that is of concern and could have ongoing implications? | Yes/No |
| 7. Is there any evidence that he/she chews or has habitually chewed betelnut? | Yes/No |
| 8. Is there any evidence that he/she smokes or has habitually smoked tobacco? | Yes/No |
| 9. Is there any evidence that he/she smokes or has smoked marijuana? | Yes/No |
| 10. Is there any evidence that he/she is using or has used illegal drugs? | Yes/No |
| 11. Is there any evidence that the candidate drinks alcohol? | Yes/No |

If you answered YES to any of the above questions, please give details below.

Is the candidate fit and healthy and able to take part in study and work such as gardening, sport and general duties?

Name of person completing this report	
Signature	
Professional role	
Date of examination	
Phone number	
Address	

PLEASE AFFIX THE OFFICIAL STAMP OF YOUR HEALTH CENTRE/FACILITY/HOSPITAL