# Christian Leaders' Training College of Papua New Guinea 

Serving the Churches of the South Pacific Islands since 1965
A Registered Institute of Higher Learning


Port Moresby Academic Administrator, Tarmari Fitakec pomcampus@cltc.ac.pg 71613847 / 76747857

## APPLICATION FORM Port Moresby Open Campus

Name: $\qquad$

|  | Program for which you are applying (tick one) |
| :--- | :--- |
|  | ADVANCED DIPLOMA OF MINISTRY - 3 years. Prerequisite:Grade <br> 12 or equivalent (for example, Grade 10 plus a 2-year certificate). <br> Applicants who have completed relevant courses in another <br> institution may be exempted from the first year. |
|  | DIPLOMA OF CHRISTIAN STUDIES - 1 year. Prerequisite: A non- <br> theological diploma from an accredited institution (e.g., Diploma of <br> Teaching) plus experience in their field of training. |
|  | BACHELOR OF THEOLOGY - 2 years. Prerequisite: A theological <br> diploma with at least a B+ average from an accredited theological <br> institution. Some applicants may be required to do the Diploma of <br> Christian Studies as a bridging year. |
|  | GRADUATE DIPLOMA OF CHRISTIAN STUDIES - 1 year. <br> Prerequisite: A non-theological degree from an accredited <br> institution (e.g., Bachelor of Education) plus experience in their field <br> of training. |

Office Use Only: Indicate below the date that each item is received

| Main appl | Church | Community | Health | Certificates | Work Exp | English |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |

# Sit for your CLTC Entrance Test <br> Contact the Port Moresby Academic Administrator, or a CLTC Admissions Agent. (See the "CLTC Admissions Agents" section near the back of the application packet.) 

Complete the following checklist
For you to complete
$\square$ "Applicant Information" section
For you to start, and then detach for others to complete and return to you
$\square$ "Church Endorsement" form"Community Endorsement" form"Health Information" form
For you to provide copies as supporting documents
$\square$ Certificates / transcripts of education completed

1. Highest tertiary, secondary, or primary education
2. Any additional certificates or awards
$\square$ Evidence of work experience
3. Reference letters, and/or...
4. Curriculum vitae (CV)

Detach and save the last page "Keep This Page"
On the last page of this application packet, fill in the date you submit your application and save the page for your records and to plan your next steps.

Submit all of the above documents
Email Post Office In Person
$\begin{array}{lll}\text { pomcampus@cltc.ac.pg } & \text { CLTC POM } & \text { CLTC Port Moresby } \\ & \text { PO Box } 1619 & \text { Section 276, Lot } 47\end{array}$
Vision City, NCD 131 Pitpit Street
North Waigani, NCD

Student Fees (Port Moresby Campus)

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

Basic Information
Your name(s): $\qquad$

Email address(es): $\qquad$

Phone number(s): $\qquad$

Optional - postal address: $\qquad$
$\qquad$

The college will use the following information to verify sponsorship eligibility:
Church denomination: $\qquad$

Country: $\qquad$
Province: $\qquad$

District: $\qquad$

Your date of birth: (dd/mm/yyyy)

If you have ever applied to study at CLTC, for which year did you apply? $\qquad$

## Your Education

Complete all types of education that apply. Be sure to include any FODE, TEE, and ministry courses if applicable.

| Primary | Name of <br> Institution | Grade/Qualification Achieved, <br> or Program of Study | Year <br> Completed |
| :---: | :--- | :--- | :--- |
| Vocational/ <br> Secondary |  |  |  |
| Trade/ <br> Tertiary |  |  |  |
| Trade/ <br> Tertiary |  |  |  |
| Other <br> Certificate <br> /Award |  |  |  |
| Other <br> Certificate <br> /Award <br> Other |  |  |  |

## Your Work Experience Professional Experience

List all volunteer and paid professional work that you have done.

| Type of Work | Employer's Name and Address | Years |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Additional Ministry Experience

List any part-time or lay ministry experience (not included above).

| Description | Organization or <br> church | Years |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Your Christian Experience and Life Goals

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

Why do you want to study at CLTC? $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

What do you hope to do when you graduate from CLTC? $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## CLTC Community Lifestyle Commitment

The Christian Leaders' Training College (CLTC) 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 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. Recognizing that CLTC supports non-use of alcohol, tobacco, and betelnut, I will respect and abide by the college policy that prohibits their use both on and off campus. I pledge myself to carry out this commitment in a spirit of openness and helpfulness through mutual accountability motivated by love.
$\square$ I have read the Community Lifestyle Commitment and understand the purpose and mission of CLTC.
$\square$ I accept the lifestyle expectations as my own while I am a student at CLTC.
$\square$ I agree to withdraw from my studies should I find myself unable to uphold the CLTC lifestyle expectations.
$\square$ I have also completed the rest of this application truthfully.
***Intentionally false statements will invalidate the application, and if found after admission will result in dismissal from the college.***

Signature $\longrightarrow$ Date $\qquad$

## Church Endorsement Form

## Applicant

Your name: $\qquad$ Program you are applying for: $\qquad$

Total compulsory fees for first year: $\qquad$

## Pastor, or Church Representative

This individual is applying to study at Christian Leaders' Training College. Please complete the following questions to indicate your evaluation of their readiness for training, and your church's endorsement of their plans.

## Your Details

Your name (with title): $\qquad$

Location: $\qquad$ Name of church: $\qquad$

Email address: $\qquad$ Phone number: $\qquad$

Optional - postal address $\qquad$

## Your Evaluation of the Applicant

For how many years have you known this person? $\qquad$
For how many years have they been active in the church? $\qquad$

How is their Christian commitment shown in their life? $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

What are they doing to help the church? $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

How would you describe their characters, abilities, and potential? $\qquad$
$\qquad$
$\qquad$
$\qquad$

## Your Church's Endorsement

Does your church endorse this individual's application to study at CLTC? $\qquad$

If they are accepted, what amount of their compulory fees will the church contribute? $\qquad$
$\qquad$

If accepted, in what other ways will your church support them during their studies? $\qquad$
$\qquad$
$\qquad$

If accepted, what do you expect them to do after graduating from CLTC? $\qquad$
$\qquad$

Your signature: $\qquad$ Date: $\qquad$

Your position in the church: $\qquad$

## Community Reference Form

## Applicant

Your name: $\qquad$ Program you are applying for: $\qquad$
Total compulsory fees for first year: $\qquad$

## Community Leader

This individual is applying to study at Christian Leaders' Training College. Please complete the following questions to indicate your evaluation of their readiness for training, and your endorsement of their plans.

## Your Details

Your name (with title): $\qquad$

Location: $\qquad$ Name of community: $\qquad$

Email address: $\qquad$ Phone number: $\qquad$

Optional - postal address $\qquad$

## Your Evaluation of the Applicants

For how many years have you known this person? $\qquad$
Describe your relationship with them: $\qquad$
$\qquad$
$\qquad$

What are they doing to help the community? $\qquad$
$\qquad$
$\qquad$
$\qquad$

How would you describe their characters, abilities, and potential? $\qquad$
$\qquad$
$\qquad$
$\qquad$

What would be the benefit of this individual training at CLTC? $\qquad$
$\qquad$
$\qquad$
$\qquad$

If they are accepted, what amount of their fees will the community contribute? $\qquad$
$\qquad$

If accepted, in what other ways will your community support this person during their studies?
$\qquad$
$\qquad$

What else would you like to say? $\qquad$
$\qquad$
$\qquad$

Your signature: $\qquad$ Date: $\qquad$
Your position in the community: $\qquad$

## Medical Section

Please complete the questions on this page yourself, then give the form to a doctor, community health nurse, or nursing officer to complete the questions over the page.

## Questions to answer about yourself

What serious sicknesses or injuries have you had? What year and what kind?
$\qquad$
$\qquad$
$\qquad$
$\qquad$

What other times did you receive medical treatment? What year and for what reason?
$\qquad$
$\qquad$
$\qquad$
$\qquad$

What physical and health difficulties do you face at the moment?
$\qquad$
$\qquad$
$\qquad$

Are you willing to stop chewing betelnut, smoking, and drinking alcohol during the time you are students at CLTC? $\qquad$

## Medical Form

Dear Health Officer,
The person presenting this form is applying to study at Christian Leaders' Training College. Could you please assist us by providing the following information:

Height: $\qquad$ cm Weight: $\qquad$ kg Blood pressure: $\qquad$

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? Yes/No (such as diabetes, epilepsy, asthma, heart condition)
6. Are there any issues from the medical history the candidate has provided 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.
$\qquad$

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

|  |  |  |  |
| :--- | :--- | :--- | :---: |
| Health Officer's name |  |  |  |
| Signature |  |  |  |
| Professional role |  |  |  |
| Date of examination |  |  |  |
| Phone number |  |  |  |
| Address |  |  |  |
| PLEASE AFFIX THE OFFICIAL STAMP OF YOUR HEALTH CENTRE/FACILITY/HOSPITAL |  |  |  |

INDIVIDUALS AND INSTITUTIONS AUTHORISED TO SUPERVISE THE CLTC ENTRANCE ENGLISH TEST

| \# | NAME | PROVINCE / COUNTRY | CONTACT |
| :---: | :--- | :--- | :--- |
| 1. | Pastor Mase Wodia <br> ECPNG | Western Province | Mobile: 73931585 <br> E-mail: rosiecrowther@ gmail.com |
| 2. | Pastor Steven Angkaki <br> ECPNG | Western Province | Mobile: 7393 1585 <br> E-mail: steven.angkaki@ gmail.com |
| 3. | Pastor Jeffrey Modua <br> Baptist Tabubil | Tabubil, Western Province | Mobile: 73279593 <br> E-mail: jmoduwa @ gmail.com |
| 4. | Pastor Dacky Wakili <br> ECPNG Training Coordinator: | Western/Hela Provinces | Mobile: 73490582 <br> E-mail: dackywakili@ gmail.com <br> ecpngshp@gmail.com |
| 5. | Noah Sibane <br> Dauli Teachers College | Hela Province | Mobile: 71013528 <br> E-mail: kizoreds@ gmail.com |
| 6. | Conrad Koea <br> Dauli Teachers College | Hela Province <br> CLTC Council member: | Mendi Town, SHP |

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CLTC Application Form, 26 April 2023

| 23. | Rev. Geisa Panpan ELC PNG | Morobe Lae | Ph: 70464856 <br> Email: gpanpan63@gmail.com |
| :---: | :---: | :---: | :---: |
| 24. | Sharon Yayada | Oro province | Mobile: 70348751 <br> E-mail: syayada@nbpol.com.pg |
| 25. | Albert Doka | Milne Bay - Alotau | Mobile: 72746103 <br> E-mail: albertdoka2017@gmail.com |
| 26. | Rev. David Nason United Church | Milne Bay - | Mobile: 74728019 <br> Email:davidknason@ gmail.com |
| 27. | Rev. George Kabuamo | Milne Bay - Salamo | Mobile: 73944733 <br> E-mail: livinaiedoni@ gmail.com |
| 28. | Marcus Fitakec <br> Dean, CLTC POM Campus | Port Moresby, Central/NCD | Mobile: 7571 9759/ 77040756 <br> E-mail: mfitakec@cltc.ac.pg |
| 29. | Ruth Akia <br> Administrator, CLTC POM Campus | Port Moresby, Central/NCD | Mobile: 7394 2384/ 75644565 <br> E-mail: rakia@cltc.ac.pg |
| 30. | Rev. Oscar Kuni United Church | Gulf Province | Mobile: 73286974 <br> E-mail: oscarkuni92@ gmail.com |
| 31. | Pastor Andrew Kubwesan ECOM Town Church Lorengau | Manus Province | E-mail: aakps29@gmail.com |
| 32. | Pastor Paully Job ECOM Church | Manus Province | Mobile: 72964780 <br> E-mail: paullyjob@ gmail.com |
| 33. | Ben Pia, Principal SSEC Gavuvu Bible College | Hoskins, West New Britain Province | Mobile: 79071987 <br> E-mail: bpsalu6@gmail.com |
| 34. | Peni Diave and Nellis Peni Association of Local Churches, Kinabot | Kokopo, East New Britain Province | Mobile: 71639618/ 72897968 <br> E-mail: pdiave@pngpower.com.pg : penidiave7534@gmail.com |
| 35. | Rev. Margaret Tioti Principal, Ligga Bible College | New Island Province | Mobile: 73496459 |
| 36. | Pastor Noel Wangi <br> Administrator AOG Northern <br> Region Bible College | Maprik, East Sepik Province | Mobile: 74823864 <br> E-mail: nwalwasa@gmail.com |
| 37. | Pastor Sammy Maurua <br> Kidron Ministry Director | Buka, ARoB | E-mail: sammaurua@ gmail.com |
| 38. | Jeffrey Magum | ARoB | Mobile: 73459128 <br> Email: jeffmagum6@gmail.com |
| 39. | Jesimiel Paul Wale SSEC General Secretary | Honiara, Solomon Islands | E-mail: jeswale@gmail.com : generalsecretary@ssec.org.sb |
| 40. | Rolland Hopa UCSI Human Resource Desk | Munda, Solomon Islands | E-mail: hrdoffice.uc@gmail.com |
| 41. | John Maite Presbyterian Church | Port Vila, Vanuatu | E-mail:jjjjmaite@gmail.com |
| 42. | Karl Masing <br> Lecturer, Talua Bible College | Port Vila, Vanuatu | E-mail:pskalmasing@gmail.com |
| 43. | Rev. Dr. Ma'afu Palu | Tonga | E-mail: maafu.palu@gmail.com |
| 44. | Pastor Tuifao Sauaga | Samoa | E-mail: tuifao.sauaga@gmail.com |
| 45. | Rev. Aporosa Rageci Fiji Baptist Convention Training | Suva, Fiji | E-mail: apobel@gmail.com |

## Keep This Page

## For Your Records and Planning

Detach, fill in the date below, and save this page as a record of when you submitted your application and to remind yourself of the next steps in the admissions process.

Date you submitted your application: $\qquad$

## Wait for the decision of the CLTC Selection Committee

If you are selected, we will notify you by phone and in writing. Otherwise, we will notify you by phone. If after one month of sitting for your entrance test you do not receive an answer, you may follow up by contacting the Port Moresby Academic Administrator, Tarmari Fitakec:
pomcampus@cltc.ac.pg OR 71613847/76747857
If you are selected, you will receive both an offer letter and a student confirmation form.

## ***Beginning in 2024***

With your student confirmation form, you will attach:

1. Proof that you have deposited $20 \%$ of your compulsory fees.
2. For the remaining $80 \%$, any combination of:
a. Proof of any additional amount deposited.
b. A proposed payment plan.

If you expect sponsorship, you will attach:
3. A guarantee letter from the sponsor, or a copy of your application to that sponsor.
The Port Moresby Academic Administrator must approve and sign your confirmation form before you enter the classroom.

## CLTC Port Moresby Bank Details

| Bank Name | Westpac Bank |
| :--- | :--- |
| Branch Name | Waigani Branch |
| Account Name | CLTC POM Campus Operating Account |
| Account \# | 6001002770 |

