



**Christian Leaders' Training College
of Papua New Guinea**

**Serving the Churches of the South Pacific Islands
– since 1965**

A Registered Institute of Higher Learning



Admissions Office: admissions@cltc.ac.pg +675 7456 6529 / 7637 0309

**POSTGRADUATE APPLICATION FORM FOR 2024 INTAKE
MARRIED APPLICANTS**

**NOTE: IF ONLY ONE OF YOU IS SELECTED FOR THIS PROGRAM, WE WILL
OFFER YOU A PLACE IN ONE OF OUR OTHER PROGRAMS.**

Wife's name: _____

Husband's name: _____

About the Master of Theology (MTh) Program: The MTh particularly equips theological educators for colleges in the South Pacific. It also will equip Christian ministers and Christian service agency personnel for contextualized ministry in the South Pacific.

Pre-requisites:

1. A theological degree or equivalent from CLTC or other accredited institutions.
2. Theological research as evidenced in a Bachelor's thesis or other significant writing.
3. Competency with computers, especially word processing.
4. Good grasp of English language..

MTh Award Completion- the MTh program is an academic and research oriented graduate program. The MTh consists either of seven taught courses and a 20,000 word thesis or eight taught courses and a 10,000 word thesis. Each course requires a total of 300 learning hours, including class and personal study, and requires approximately 8,000 words of writing. Students with a focus on Biblical studies will be required to take Greek and Hebrew as one of their courses.

Full-time or Part-time – Students generally study full-time at the Banz campus. Some courses are available as 3-to-4-week intensives with course work required before and after the intensive. This allows for students to come for selected courses and so complete the degree part-time.

MTh Fees and Sponsorship- see pages 10.

OFFICE USE ONLY

Indicate below the date that each item is received

Main appl	Church	Commun	Health	Certificates	Work Exp	Int'l	English

Sit for your CLTC Entrance Test

Contact the Admissions Office, or a CLTC Admissions Agent. (See the “CLTC Admissions Agents” section near the back of the application packet.) They will require a K50 application fee to administer the test and assist you with your application.

Complete the following checklist

For you to complete

“Applicant Information” section

For you to start, and then detach for others to complete and return to you

“Church Endorsement” form

“Community Endorsement” form

“Health Information” form

For you to provide copies as supporting documents

Bachelor’s final project or thesis

Electronic copy of your final project report or thesis.

Certificates / transcripts of education completed

1. Highest tertiary, secondary, or primary education
2. Any additional certificates or awards

Evidence of work experience

1. Reference letters, and/or...
2. Curriculum vitae (CV)

International applicants

Copy of the bio-data page of your passport for you as a couple, and any children who will accompany you

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

admissions@cltc.ac.pg

MAF or Post Office

Admissions Office
Christian Leaders’ Training College
PO Box 45
Banz, Jiwaka Province 283
PAPUA NEW GUINEA

In Person

Admissions Office
CLTC Main Campus
Sigiri Village
Banz, Jiwaka Province

Common Information

Your name(s): _____

Email address(es): _____

Phone number(s): _____

Optional – postal address: _____

The college will use the following information to verify sponsorship eligibility:

Church denomination: _____

Country: _____

Province (or equivalent): _____

District (or equivalent): _____

When did you marry? _____ Have either of you been married to anyone else? _____

Children you intend to bring to CLTC:

Full Name	Birthdate	Son/ Daughter	Current School Grade

If any of the above children are adopted, you must attach one of the following:

1. A legal adoption document, or if not available...
2. A letter from the child's biological next-of-kin, verifying customary adoption.

Wife's information**Date of birth:** (dd/mm/yyyy) _____**If you have ever applied to study at CLTC, for which year did you apply?** _____**Your Education**

Give details of all types of education that you have received. Be sure to include any FODE, TEE, and ministry courses.

	Name of Institution	Qualification Achieved, or Program of Study	Date started and date completed
Primary			
Secondary/ Vocational/			
Tertiary/ Trade/			
Tertiary/ Trade/			
Other Certificate /Award			
Other Certificate /Award			
Other			

Your Work 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 church	Years

Your Christian Experience and Life Goals

Describe how you came to follow Christ.. _____

Why do you want to study at CLTC? _____

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

Husband's information

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

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

Your Education

Give details of all types of education you have received. Be sure to include any FODE, TEE, and ministry courses.

	Name of Institution	Grade/Qualification Achieved, or Program of Study	Date started & date completed
Primary			
Vocational/ Secondary			
Tertiary/ Trade/			
Tertiary/ Trade/			
Other Certificate /Award			
Other Certificate /Award			
Other			

Your Work 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 church	Years

Your Christian Experience and Life Goals

Describe how you came to follow Christ.. _____

Why do you want to study at CLTC? _____

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

Student Fees

The average cost of the MTh program is about K24,000 per student per year. This total cost is heavily subsidized by CLTC support programs and Local Leaders International (LLI), who raise funds through faith and hard work. CLTC is the primary institution that LLI support for higher theological education of students in the South Pacific.

Local Leaders International

In addition to subsidizing the overall cost of the MTh program, LLI will aim to provide funds for the expenses in the list below. LLI will aim to cover 100% of these expenses:

- Travel to the college at the beginning of your study and return travel upon graduation (includes airfares for international students).
- Student housing, including basic furniture and cooking gas.
- Course materials and library resources.
- Fortnightly food allowances.
- Children's education.
- Medical treatment.

The college will expect you to acknowledge and thank LLI with regular newsletters, including photos.

Compulsory Fees

Single	6,760
Married, 0 child	10,820
Married, 1 child	11,170
Married, 2 child	11,520
Married, 3 child	11,870
Married, 4 child	12,220
Married, 5 child	12,570

Other Needs

We strongly recommend that you bring additional funds to deposit in your college student account, for additional living expenses. The Dean of Students will also allocate to you a vegetable garden, which you will maintain for yourself and the next student after you.

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, we will strive to practice stewardship of mind, time, abilities and finances. We will pursue opportunities for intellectual and spiritual growth and demonstrate care for our bodies. We also will exercise social responsibility in our standard of living and use of economic resources. Realizing the destructive character of an unforgiving spirit and harmful discrimination based on prejudice, we will seek to demonstrate unselfish love in our actions, attitudes and relationships. We will be honest and show respect for the rights and property of others. We recognize that some social practices are harmful to us, as well as harmful or offensive to others. Therefore, respecting the values of others and the mission of the Christian Leaders' Training College, we recognize our 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, we will respect and abide by the college policy that prohibits their use both on and off campus. We pledge ourselves to carry out this commitment in a spirit of openness and helpfulness through mutual accountability motivated by love.

- We have read the Community Lifestyle Commitment and understand the purpose and mission of CLTC.
- We accept the lifestyle expectations as our own while we are students at CLTC.
- We agree to withdraw from our studies should we find ourselves unable to uphold the CLTC lifestyle expectations.
- We have also completed the rest of this application truthfully.
- With the support of Local Leaders International, we understand our responsibility to be ambassadors for CLTC and the South Pacific.*

Wife's Signature _____ **Date** _____

Husband's Signature _____ **Date** _____

Church Reference Form

Applicants

Wife's name: _____ Program you are applying for: _____

Husband's name: _____ Program you are applying for: _____

Total compulsory fees for first year: _____

Pastor, or Church Representative

This couple 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): _____

Location: _____ Name of church: _____

Email address: _____ Phone number: _____

Optional – postal address _____

Your Evaluation of the Applicants

For how many years have you known this couple? _____

For how many years have they been active in the church? _____

How is their Christian commitment shown in their life? _____

What they doing to help the church? _____

How would you describe their characters, abilities, and potential? _____

Your Church's Endorsement

Does your church endorse this couple's application to study at CLTC? _____

If they are accepted, what amount of their compulsory fees will the church contribute? _____

If accepted, in what other ways will your church support this couple during their studies? _____

If accepted, what do you expect them to do after graduating from CLTC? _____

Your signature: _____ **Date:** _____

Your position in the church: _____

Community Reference Form

Applicants

Wife's name: _____ Program you are applying for: _____

Husband's name: _____ Program you are applying for: _____

Total compulsory fees for first year: _____

Community Leader

This couple 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): _____

Location: _____ Name of community: _____

Email address: _____ Phone number: _____

Optional – postal address _____

Your Evaluation of the Applicants

For how many years have you known this couple? _____

Describe your relationship with them. _____

What are they doing to help the community? _____

How would you describe their marriage and their relationship with the children? _____

How would you describe their characters, abilities, and potential? _____

What would be the benefit of this couple training at CLTC? _____

If they are accepted, what amount of their fees will the community contribute? _____

If accepted, in what other ways will your community support this couple during their studies?

What else would you like to say? _____

Your signature: _____ **Date:** _____

Your position in the community: _____

Additional Referees

Please supply the names and contact information of two additional people that we may contact for further insight into your suitability for study at CLTC.

They are respected people who know you well. Possible people include:

1. Bible school principal (if you have studied in the last few years).
2. District church superintendent or other denominational leader.
3. Supervisor or employer where you have worked in the last few years.
4. Local government councillor or government official.

First Referee

Name: _____

Occupation: _____

Relationship to you: _____

Email: _____

Phone numbers: _____

Second Referee

Name: _____

Occupation: _____

Relationship to you: _____

Email: _____

Phone numbers: _____

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 as a couple

What serious sicknesses or injuries have either of you had? What year and what kind?

What other times did either of you receive medical treatment? What year and for what reason?

What physical and health difficulties do either of you face at the moment?

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

Concerning the children who will come with you:

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

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

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

Wife's 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 discussing their answers to the questions above 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?

Health Officer's name		
Signature		
Professional role		
Date of examination		
Phone number		
Address		

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

Husband's 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 discussing their answers to the questions above and providing the following information:

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

- | | |
|---|--------|
| 12. Does the candidate have a visual impairment? | Yes/No |
| 13. Does the candidate have a hearing impairment? | Yes/No |
| 14. Does the candidate have a physical disability? | Yes/No |
| 15. Does the candidate have a history of psychiatric illness? | Yes/No |
| 16. Does the candidate have a chronic illness?
<i>(such as diabetes, epilepsy, asthma, heart condition)</i> | Yes/No |
| 17. 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 |
| 18. Is there any evidence that he/she chews or has habitually chewed betelnut? | Yes/No |
| 19. Is there any evidence that he/she smokes or has habitually smoked tobacco? | Yes/No |
| 20. Is there any evidence that he/she smokes or has smoked marijuana? | Yes/No |
| 21. Is there any evidence that he/she is using or has used illegal drugs? | Yes/No |
| 22. 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?

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 ECPNG	Western Province	Mobile: 7393 1585 E-mail: rosiecrowther@gmail.com
2.	Pastor Steven Angkaki ECPNG	Western Province	Mobile: 7393 1585 E-mail: steven.angkaki@gmail.com
3.	Pastor Jeffrey Modua Baptist Tabubil	Tabubil, Western Province	Mobile: 7327 9593 E-mail: jmoduwa@gmail.com
4.	Pastor Dacky Wakili ECPNG Training Coordinator:	Western/Hela Provinces	Mobile: 7349 0582 E-mail: dackywakili@gmail.com ecpngshp@gmail.com
5.	Noah Sibane Dauli Teachers College	Hela Province	Mobile: 7101 3528 E-mail: kizoreds@gmail.com
6.	Conrad Koea Dauli Teachers College	Hela Province	Mobile: 73640251 E-mail: ckoea13@gmail.com
7.	Pastor Simil Hondolwa CLTC Council member:	Mendi Town, SHP	Mobile: 7363 4652 E-mail: ruthhondolwa@gmail.com
8.	Rev. Justin Wapu United Church	Mendi SHP	Mobile: 72439944 Email: jwapu74@gmail.com
9.	Patricia Kambua Admissions, CLTC Banz Campus	Simbu/ Jiwaka/ Enga/ Western Highlands Provinces	Mobile: 7908 7580 E-mail: pkambua@cltc.ac.pg Website: www.cltc.ac.pg
10.	Benjamín Nano BUPNG National Ministry Co-ordinator	Western Highlands Province	Mobile: 7395 6273 Email: bmano@bupng.org.pg
11.	Pastor Barry Kupo Help Ministry International	Kundiawa, Simbu Province	Mobile: 71879 2888 E-mail: psbkupo@gmail.com
12.	Pastor Jonathan Inapelo Baptist Church Administrator	Goroka, Eastern Highlands Province	Mobile: 7256 6947 E-mail: jinapelo@gmail.com
13.	Pastor Joro Girupano Foursquare Gospel	Goroka, Eastern Highlands Province	Mobile: 70550709 E-mail: masongirupano@gmail.com
14.	Mike Saida Zogi Baptist Church	Goroka, Eastern Highlands Province	Mobile: 79327335 E-mail: saidamike8@gmail.com
15.	Pastor Donley Keki CBC Health Secretary	Vanimo, West Sepik Province	Mobile: 7319 6463 E-mail: donkei@gmail.com
16.	Pastor Carl Hombla CBC Head Office	Wewak, East Sepik Province	Mobile: 7286 7488 E-mail: carlhombla@gmail.com
17.	Pastor Barrywan Tuwai CBC Wewak	Wewak, East Sepik Province	Mobile: 7054 5203 E-mail: cbcpngno@gmail.com
18.	Pastor Mack Yarbange SSEC National Church/ Education Secretary	Maprik, East Sepik Province	Mobile: 71768657 E-mail: masingop17@gmail.com
19.	Pastor Simon Wahin Baptist Church (BUPNG)	Madang, Madang Province	Mobile: 7114 6123 E-mail: wahinsimon@gmail.com
20.	Ps. Daniel Wasani	Madang Province	Mobile: 73842381
21.	Simon Minigamba Dean, CLTC Lae Campus	Morobe Lae	Mobile: 72748218/ 75910559 E-mail: sminigamba@cltc.ac.pg
22.	Jessie Solomon EBC PNG	Morobe Lae	Mobile: 73003886 Email: jessysolomon4@gmail.com

23.	Rev. Geisa Panpan ELC PNG	Morobe Lae	Ph: 70464856 Email: gpanpan63@gmail.com
24.	Sharon Yayada	Oro province	Mobile: 70348751 E-mail: syayada@nbpol.com.pg
25.	Albert Doka	Milne Bay - Alotau	Mobile: 72746103 E-mail: albertdoka2017@gmail.com
26.	Rev. David Nason United Church	Milne Bay -	Mobile: 74728019 Email:davidknason@gmail.com
27.	Rev. George Kabuamo	Milne Bay – Salamo	Mobile: 7394 4733 E-mail: livinaiedoni@gmail.com
28.	Marcus Fitakec Dean, CLTC POM Campus	Port Moresby, Central/NCD	Mobile: 7571 9759/ 7704 0756 E-mail: mfitakec@cltc.ac.pg
29.	Ruth Akia Administrator, CLTC POM Campus	Port Moresby, Central/NCD	Mobile: 7394 2384/ 75644565 E-mail: rakia@cltc.ac.pg
30.	Rev. Oscar Kuni United Church	Gulf Province	Mobile: 7328 6974 E-mail: oscarkuni92@gmail.com
31.	Pastor Andrew Kubwesan ECOM Town Church Lorengau	Manus Province	E-mail: aakps29@gmail.com
32.	Pastor Pully Job ECOM Church	Manus Province	Mobile: 72964780 E-mail: pullyjob@gmail.com
33.	Ben Pia, Principal SSEC Gavuvu Bible College	Hoskins, West New Britain Province	Mobile: 7907 1987 E-mail: bpsalu6@gmail.com
34.	Peni Diave and Nellis Peni Association of Local Churches, Kinabot	Kokopo, East New Britain Province	Mobile: 71639618/ 72897968 E-mail: pdiave@pngpower.com.pg : penidiave7534@gmail.com
35.	Rev. Margaret Tioti Principal, Ligga Bible College	New Island Province	Mobile: 7349 6459
36.	Pastor Noel Wangi Administrator AOG Northern Region Bible College	Maprik, East Sepik Province	Mobile: 7482 3864 E-mail: nwalwasa@gmail.com
37.	Pastor Sammy Maurua Kidron Ministry Director	Buka, ARoB	E-mail: sammaurua@gmail.com
38.	Jeffrey Magum	ARoB	Mobile: 7345 9128 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.	Christopher Kouha Lecturer, Talua Bible College	Vanuatu	E-mail: christopher.kouha@gmail.com
42.	John Maite Presbyterian Church	Port Vila, Vanuatu	E-mail:jjjjmaite@gmail.com
43.	Karl Masing Lecturer, Talua Bible College	Port Vila, Vanuatu	E-mail:pskalmasing@gmail.com
44.	Rev. Dr. Ma'afu Palu	Tonga	E-mail: maafu.palu@gmail.com
45.	Pastor Tuifao Sauaga	Samoa	E-mail: tuifao.sauaga@gmail.com
46.	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: _____

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 Admissions Office:

admissions@cltc.ac.pg OR +675 7456 6529 / 7637 0309

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 Registrar must approve and sign your confirmation form, which you will give to the Dean of Students to obtain student housing.

CLTC Education bank details

Bank Name	BSP Bank	Westpac Bank
Branch Name	Mt Hagen	Mt Hagen
Account Name	CLTC Education	CLTC IHE
Account #	100 522 9800	600 180 3621
SWIFT Code	BOSPPGM	WPACPGPM
BSB	088307	038038