



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 7161 7005



2027 APPLICATION FORM UNDERGRADUATE - BANZ CAMPUS – MARRIED APPLICANTS

Wife's name: _____

Husband's name: _____

Wife	Husband	Program for which you are applying (<i>tick one</i>)
		CERTIFICATE OF BIBLE AND MINISTRY – 1-5 years flexible, with Tok Pisin as primary language. Currently only available for the spouse of a student in one of the other programs below.
		ADVANCED DIPLOMA OF COMMUNITY TRANSFORMATION – 3 years. Prerequisite: Grade 12 or equivalent (for example, Grade 10 plus a 2-year certificate). Applicants who have completed relevant courses in another institution may be exempted from the first year.
		ADVANCED DIPLOMA OF MINISTRY – 3 years. Prerequisite: Grade 12 or equivalent (for example, Grade 10 plus a 2-year certificate). Applicants who have completed relevant courses in another institution may be exempted from the first year.
		DIPLOMA OF CHRISTIAN STUDIES – 1 year. Prerequisite: A non-theological diploma from an accredited institution (e.g., Diploma of Teaching) plus experience in their field of training.
		BACHELOR OF THEOLOGY – 2 years. Prerequisite: A theological diploma with at least a B+ average from an accredited theological institution. Some applicants may be required to do the Diploma of Christian Studies as a bridging year.
		GRADUATE DIPLOMA OF CHRISTIAN STUDIES – 1 year. Prerequisite: A non-theological degree from an accredited institution (for example, Bachelor of Education) plus experience in their field of training.

OFFICE USE ONLY: Indicate below the date that each item is received.

Main appl.	Church	Community	Health	ID	Certificates	Work Exp.	International

Complete the following checklist

For you to complete

☐ **Main application forms**

For you to start, and then remove 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

(bring the original to registration)

☐ **Identification**

1. Copy of NIDs if you have it
2. Otherwise copy of NID certificates or copy of a Bank Card.

☐ **Documents of education and training completed**

1. Certificates of lower formal education levels.
2. Certificate ***and transcript*** of bachelor and any higher degrees.
3. Certificates of any additional training courses or workshops.

☐ **Evidence of work experience**

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

☐ **International applicants**

Copy of the bio-data page of each of your passports, including of any children you intend to bring with you.

Submit all of the above documents

Email

admissions@cltc.ac.pg

MAF or Post Office

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

In Person

Admissions Officer
CLTC Main Campus
Sigiri Village
Banz, Jiwaka Province

Sit for your CLTC Entry Exam

(if both spouses have at least Grade 10, both must sit the exam)

Pay your K50.00 (non-refundable) application fee to the Admission Officer or to your local CLTC Admissions Agent, and arrange a three-hour block of time with them to sit for your CLTC Entry Exam. (See the “CLTC Admissions Agents” section near the back of the application form.)

Wife's Information

Full name			
Date of birth (dd/mm/yyyy)		Phone numbers	
Email addresses			
Postal address (optional)			
Local church location		Denomination	
Country		Province	
District		Ward	

Highest school grade completed		Year		Name of school	
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Trade/college/university qualification	Years	Name of school/college/university

Paid work or ministry position	Years	Company/organization/church

Husband's Information

Full name			
Date of birth (dd/mm/yyyy)		Phone numbers	
Email addresses			
Postal address (optional)			
Local church location		Denomination	
Country		Province	
District		Ward	

Highest school grade completed		Year		Name of school	
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Trade/college/university qualification	Years	Name of school/college/university

Paid work or ministry position	Years	Company/organization/church

Wife's Christian Experience and Life Goals

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

Why do you want to study at CLTC? _____

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

Husband's Christian Experience and Life Goals

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

Why do you want to study at CLTC? _____

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

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.

Intentionally false statements will invalidate the application, and if found after admission will result in dismissal from the college.

Wife's Signature _____ **Date** _____

Husband's Signature _____ **Date** _____

Children you intend to bring to CLTC

Children's names	Age	Grade

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

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

2027 Student Fees

After successful completion of one year of study, some scholarship funds are available through the College.

	<i>Tuition</i>	<i>Housing</i>	<i>Child</i>	<i>Food Allowance</i>	<i>Medical</i>	<i>SRC</i>	<i>Property Bond</i>	TOTAL
Diploma								
Married, no children	7,700	3,900	0	3,840	200	40	400	16,080
Married, 1 child	7,700	3,900	560	4,800	250	40	400	17,650
Married, 2 children	7,700	3,900	1,120	5,760	300	40	400	19,220
Married, 3 children	7,700	3,900	1,680	6,720	350	40	400	20,790
Married, 4 children	7,700	3,900	2,240	7,680	400	40	400	22,360
Married, 5 children	7,700	3,900	2,800	8,640	450	40	400	23,930
Married, 6 children	7,700	3,900	3,360	9,600	500	40	400	25,500
Bachelor								
Married, 0 children	10,000	4,400	0	3,840	200	40	400	18,880
Married, 1 children	10,000	4,400	560	4,800	250	40	400	20,450
Married, 2 children	10,000	4,400	1,120	5,760	300	40	400	22,020
Married, 3 children	10,000	4,400	1,680	6,720	350	40	400	23,590
Married, 4 children	10,000	4,400	2,240	7,680	400	40	400	25,160
Married, 5 children	10,000	4,400	2,800	8,640	450	40	400	26,730
Married, 6 children	10,000	4,400	3,360	9,600	500	40	400	28,300

Church Endorsement Form

Applicants

Wife's name: _____ Program she is applying for: _____

Husband's name: _____ Program he is applying for: _____

Fees for 2027: _____

Pastor, or Church Representative

This couple are 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.

Representative Details

Your name (with title): _____

Location: _____ Name of church: _____

Email address: _____ Phone number: _____

Optional – postal address: _____

Representative Evaluation of the Applicant

For how many years have you known this person? _____

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

How is their Christian commitment shown in their life? _____

What are they doing to help the church? _____

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

Your Church's Endorsement

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

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

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

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

Representative signature: _____ **Date:** _____

Position in the church: _____

Community Reference Form

Applicants

Wife's name: _____ Program she is applying for: _____

Husband's name: _____ Program he is applying for: _____

Fees for 2027: _____

Community Leader

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

Leader Details

Name (with title): _____

Location: _____ Name of community: _____

Email address: _____ Phone number: _____

Optional – postal address _____

Leader's Evaluation of the Applicants

For how many years have you known this person? _____

Describe your relationship with them: _____

What are they doing to help the community? _____

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

What would be the benefit of this individual 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 person during their studies?

What else would you like to say? _____

Your signature: _____ **Date:** _____

Your position in the community: _____

Health Information Form

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 on the next 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?

(For couples with children) concerning 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

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: _____ 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? 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.

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

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: _____ 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?
(such as diabetes, epilepsy, asthma, heart condition) | Yes/No |
| 17. | Are there any issues from the medical history the candidate has provided 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		

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you to remove the last three pages.

**Remove these pages and keep for your reference.
Submit only Pages 1-16 to the Admissions Officer.**

CLTC Admissions Agents

NAME	PROVINCE / COUNTRY	CONTACT
Pastor Steven Angkaki ECPNG	Western Province	Mobile: 7393 1585 E-mail: steven.angkaki@gmail.com
Ps. Abel Wayongi Baptist	Tabubil, Western Province	Mobile: E-mail: abelwayongi01@gmail.com
Pastor Dacky Wakili ECPNG Training Coordinator:	Western/Hela Provinces	Mobile: 7349 0582 E-mail: dackywakili@gmail.com ecpngshp@gmail.com
Ronald Muna Ambassador Bible College	Hela Province	Mobile: 70630041 E-mail: ronaldmuna40@gmail.com
Mr. Moses Bakura Dauli Teachers College	Hela Province	Mobile: 76739316 E – mail: bakurajohn20@gmail.com
Pastor Simil Hondolwa CLTC Council member.	Mendi Town, SHP	Mobile: 7363 4652 E-mail: ruthhondolwa@gmail.com
Rev. Justin Wapu United Church	Mendi SHP	Mobile: 72439944 Email: jwapu74@gmail.com
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Gedisa Dawanan Impact Bible College	Bulolo Wau	Mobile: 70429752 Gmail: gdawanan41@gmail.com
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Submit only Pages 1-16 to the Admissions Officer.**

Simon Minigamba Dean, CLTC Lae Campus	Morobe Lae	Mobile: 72748218/ 75910559 E-mail: sminigamba@cltc.ac.pg
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Rev. David Nason United Church	Milne Bay	Mobile: 74728019 Email: davidknason@gmail.com
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Rev. Dr. Ma'afu Palu	Tonga	E-mail: maafu.palu@gmail.com
Pastor Tuifao Sauaga	Samoa	E-mail: tuifao.sauaga@gmail.com
Rev. Aporosa Rageci Fiji Baptist Convention Training	Suva, Fiji	E-mail: apobel@gmail.com

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Submit only Pages 1-16 to the Admissions Officer.**

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 71617005

If you are selected, you will receive both an offer letter and a student confirmation form.

With your student confirmation form, you will attach:

1. Proof that you have deposited 40% of your compulsory fees.
2. For the remaining 60%, any combination of:
 - a. Proof of any additional amount deposited.
 - b. A proposed payment plan.

If you expect sponsorship, you also will attach:

3. A confirmation letter from the sponsor, or a copy of your application to that sponsor.

CLTC Education bank details

Bank Name	BSP Bank	
Branch Name	Mt Hagen	
Account Name	CLTC Education	
Account #	100 522 9800	
SWIFT Code	BOSPPGPM	
BSB	088307	