Christian Leaders' Training College of Papua New Guinea

A Registered Institute of Higher Learning

Extension Center Coordinators

Wewak: Barrywan Tuwai cbcpngno@gmail.com +675 7054 5203

Goroka: Knose Akuri knoseakuri72@gmail.com +675 7360 5374

2027 APPLICATION FORM
WEWAK & GOROKA EXTENSION CENTERS

Name: _____

The DIPLOMA OF CHRISTIAN STUDIES is initially the only program we are offering at our extension centers. It is equivalent to a full-time one-year program. However, at a CLTC extension center you will study part time only, and will require a minimum of two years to complete your program.

The prerequisite to this program is diploma in any field from an accredited institution (e.g., Diploma of Teaching) plus experience in the field of training.

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

Main appl.	Church	Community	Health	ID	Certificates	Work Exp.

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 originial to registration)

☐ **Identification**

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

☐ **Documents of education and training completed**

1. Certificates of lower formal education level(s).
2. Certificate ***and transcript*** of highest formal education.
3. Certificates of any additional training courses or workshops.

☐ **Evidence of work experience**

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

Submit all of the above documents to your local Coordinator:

Wewak:

Barrywan Tuwai cbcpngno@gmail.com +675 7054 5203

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Sit for your CLTC Entry Exam

Pay your K50.00 (non-refundable) application fee to your local Coordinator, and arrange a three-hour block of time with him to sit for your CLTC Entry Exam.

Applicant 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**	

Trade/college/university qualification	**Years**	**Name of school/college/university**

Paid work or ministry position	**Years**	**Company/organization/church**

Your Christian Experience and Life Goals

Describe how you came to follow Jesus Christ, and your main experiences since them. _

_____

_____

_____

_____

_____

_____

_____

What are your current life and ministry responsibilities? _____

_____

_____

_____

_____

_____

_____

Why do you want to study at CLTC Extension Centre? _____

_____

_____

_____

_____

_____

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.

- ☐ I have read the Community Lifestyle Commitment and understand the purpose and mission of CLTC.
- ☐ I accept the lifestyle expectations as my own while I am a student at CLTC.
- ☐ I agree to withdraw from my studies should I find myself unable to uphold the CLTC lifestyle expectations.
- ☐ 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 _____ **Date** _____

Student Fees

At your CLTC Extension Center you will pay per course at the rate indicated in the table below.

A typical one-term course is 8 credits, and a typical two-term course is 16 credits	**Per Credit**	**Per 8-credit course**	**Per 16-credit course**
Diploma of Christian Studies	K42	K336	K672
Graduate Diploma of Christian Studies	K58	K464	K928

For each term you will submit a course enrolment form to the Coordinator with proof of payment. The Coordinator must approve and sign your enrolment form before you enter the classroom.

Depending on the teaching schedule, you may enrol in up to two courses per term. There are four terms per year.

Check with you Coordinator to see what will be offered each term.

Church Endorsement Form

Applicant

Your name: _____ Program you are applying for: _____

Estimated fees for 2027: _____

Pastor, or Church Representative

This individual is applying to study at an extension center of 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 the applicant's study at a CLTC extension center? _____

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? _____

_____

_____

What do you expect them to do after finishing their part-time extension center studies? _____

_____

Representative signature: _____ Date: _____

Position in the church: _____

Community Reference Form

Applicant

Your name: _____ Program you are applying for: _____

Estimated fees for 2027: _____

Community Leader

This individual is applying to study at an extension center of Christian Leaders' Training College. Please complete the following questions to indicate your evaluation of their readiness for training, and your endorsement of 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 to your community of this applicant's CLTC studies?_____

_____

_____

_____

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 about yourself

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

_____

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

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

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

Remove this page & submit Pages 1-12 only to your local Extension Center Coordinator.

Keep this page for your records

Write here the date you submitted your application:

_____

Wait for the decision of the Admissions Committee

If you are admitted, 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 your local Extension Center Coordinator:

Wewak:

Barrywan Tuwai cbcpngno@gmail.com +675 7054 5203

Goroka:

Knose Akuri knoseakuri72@gmail.com +675 7360 5374

If you are accepted, you will receive both an acceptance letter with futher details.