**Student application** – **Revolution Training School for Ministry**

**Send your application form to:** registration@revolutionschool.nl

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 **Copy/paste Your Picture**

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**Personal Information**

Name: (first/ middle/ last)

Female:

Male:

Age:

Date of birth: (dd/ mm/ yy)

Place of birth:

Address (streets/ number/ zip):

City:

Country:

Email:

Website:

Home Phone: Country-code:

Cell Phone: Country- code:

What languages do you speak: (fluid, good, some)

**Family Information**

Single:

Married:

Is your spouse attending too? Yes / No

Attention: if you are married and applying with your spouse, your spouse must fill out a separate full student application.

Do you have children? Yes / No

If so, what are the names and ages of your child/ children?

**Health information**

Are you on medication? Yes / No

If yes, please specify:

Are you allergic to any medications? Yes / No

If yes, please specify:

Do you have any physical impairment, handicaps or health conditions that require special attention? Yes / No

If yes, please specify:

**Personal Background**

**We realize that the following questions are personal. Please know that all answers are held in strict confidentiality and are not the basis for school acceptance!**

Have you been addicted of any of the following substances? Yes / No

Alcoholic beverages Yes / No

Tobacco Yes / No

Soft drugs, such as marijuana Yes / No

Hard drugs, such as cocaine, heroin, chemicals Yes / No

Have you ever had any psychiatric treatment/ therapy? Yes / No

If you have had psychiatric treatment, please describe treatment received, dates and difficulties:

Have you ever been involved in any of the following areas? Yes / No

Satanism Witchcraft New Age

Hinduism Budism Islam

Other (please name)

If so, please explain the circumstances briefly, the dates and length of involvement and what ministry you have had to overcome them:

Have you had or do you have in the following area’s problems? If so, please explain the circumstance briefly, the dates and length of involvement and the size of your problems. How this affected your current situation ? Have you ever been involved in any of the following areas?

If so, please explain the circumstances briefly, the dates and length of involvement and what ministry you have had to overcome them:

Financial problems like debt’s ? Yes / No

Heterosexual sin (including pornography and promiscuity): Yes / No

Homosexual activity, strong feelings of attraction?: Yes / No

Eating disorders: Yes / No

Compulsive behaviors: Yes / No

Do you have a history of abuse, verbal, physical, emotional or sexual? Yes / No

If, so, please explain the circumstances briefly, the dates and length of involvement and if and what ministry you have had to overcome them:

**Testimony**

Please complete down on the form a 400 -500 word testimony of your life including the following: Relationship with your father, mother and close family members past and present: Childhood and Teenage years;

When and how did you came to Jesus, how did it effect your life: describe your spiritual growth and please comment on your present devotional life

(write on the included extra page your testimony).

**Church/ Ministry**

Please briefly describe your relationship with your local church (if you aren’t involved in a church please explain why):

Have you been involved in any church activity and or leadership Yes / No

Describe what kind of involvement, your role and the time.

Have you ever been on a mission trip in our out of the country? Yes / No

Describe your participation in mission (length, nations and place you went, circumstances, involvement etc.):

**Goals and expectations**

Please state your reasons for attending this ministry school:

What are your talents or gifts?

What are your strong points?

What are your weak points?

What do you think is God’s calling for your life

Briefly, what are your plans after the school:

Do you currently have a specific nation on your heart?

**Education**

Highest level of education achieved:

Profession:

Other to mention:

Do you have a license to drive a car ? Yes / No

If more than B, specify

**Worship and sound**

Are you a worship leader? Yes / No

Instrumental gift for worship Yes / No

What instrument:

Can you teach any instrument? Yes / No

Can you install and or work with a sound mixer? Yes / No

**Digital Media**

Do you have any experience or affinity with digital media, such as building websites, desktop publishing, or photographing or filming technology Yes / No

If so describe your experiences!

**Reference**

Please send us two references from your church/organization

Pastor/youth pastor or leading director

**Thank you for filling out the form. We will contact you as soon as possible!**