

Student Number : (Office use only)

Date of Acceptance :

Payment Received ?

Email sent to student [Y/N]



Foursquare GB Leadership Institute - Student Registration Form

Personal Information

FIRST NAME / SURNAME

ADDRESS

TELEPHONE

EMAIL

NATIONALITY

DATE OF BIRTH

GENDER

Church Details

NAME OF CHURCH

ADDRESS OF CHURCH

PASTORS NAME

ADDRESS

TELEPHONE NUMBER

EMAIL

Please attach a current
Passport sized photo



Foursquare GB Leadership Institute - Student Registration Form

Spiritual Journey

**WHEN DID YOU ACCEPT
CHRIST AS YOUR
SAVIOUR?**

**PLEASE EXPLAIN YOUR
CONVERSION
EXPERIENCE
(USE EXTRA PAPER IF
NEEDED)**

**WHY DO YOU WANT TO
JOIN THE FOURSQUARE
LEADERSHIP INSTITUTE?**



Foursquare GB Leadership Institute - Student Registration Form

Other information

**ARE YOU ABLE TO SPEND
3 HOURS A WEEK
TOWARDS STUDY?**

**WHAT ARE YOUR
EXPECTATIONS FROM
THE INSTITUTE?**

**ARE YOU WILLING TO BE
MENTORED BY A LEADER
IN YOUR LOCAL
CHURCH?**

ANY OTHER COMMENTS

SIGNATURE

DATE

**Please make cheques payable
to 'FOURSQUARE CHURCH GB'**

Postal Address: Foursquare
Leadership Inst.,
41 Holgate Drive
Luton LU4 0XD, Bedfordshire,



Foursquare GB Leadership Institute
Pastoral Recommendation Form

PASTORS NAME

ADDRESS

TELEPHONE

EMAIL

**DO YOU RECOMMEND THAT
THE STUDENT BE ACCEPTED
TO FOLLOW THE COURSE OF
STUDY?**

**WOULD YOU OR A SENIOR
LEADER BE WILLING TO
MENTOR HIM / HER
THROUGHOUT THE COURSE
OF STUDY?**

**WOULD YOU MAKE
AVAILABLE AN
OPPORTUNITY FOR THE
STUDENT TO SERVE WITHIN
YOUR LOCAL CHURCH?**

**ANY OTHER COMMENTS ?
(PLEASE USE EXTRA PAPER
IF NEEDED)**

SIGNATURE

DATE