PASTORS SCHOOL

APPLICATION FORM



Personal Particulars

I hereby consent to the collection, use, disclosure, and retention of my personal the terms of Trinity's privacy policy (https://chms.trinity.sg/privacy-policy). By prolagree that Trinity and any of your representatives may contact me on any matter	oviding my contact details
☐ Lagree ☐ Ldisagree	
Full Name (underline surname):	
Identification No / Passport No:	Insert recent photo of yourself
Age: Contact:	
Email:	
Emergency Contact:	
Programs:	
☐ Breakthrough in Pastoral Leadership (onsite: Mar 3 – Apr 1; online Apr	7 – May 30)
☐ Unlocking the 5-Fold Ministries (TBA)	
☐ Establishing Core Ministries in the church (TBA)	
☐ Developing the NextGen Ministries (TBA)	
☐ Church Planting (TBA)	
Hostel accommodation: \square Y \square N Due to limited spaces, hostel accommodation is available on a first-come, first- Twin-sharing room is available if your spouse is joining you during the entirety of	

Ministry Involvement			
Church / Organisation	P	osition Held	Period (MM/YY)
Name of church you are current	ly serving	in:	
Employment in church: Full-in the state of			ınteer
Name of Senior/Lead Pastor or [)enomina	tion Head:	
Name of reference:			
The person listed as reference should be provide a character reference for you an			
For the Senior/Lead Pastor or Denomination Head			
Would you recommend the for the program indicated?	applicant	Signature and	date:
□ Yes □ No			

To complete your application:

Please submit the following documents together with your application form to pastorsschool@trinity.sg:

- 1. Ministry bio
- 2. Recommendation letter from both
 - i. Your Senior/Lead Pastor or Denomination Head and
 - ii. Another minister

Note: Acceptance into the program is subject to a successful interview.

Official Use
Acceptance into program: ☐ Yes ☐ No
Hostel accommodation: □ Yes □ No
Amount payable: □ Program only (\$800 SGD/\$600 USD)
□ Program and dormitory (\$1100 SGD/\$820 USD)
□ Program and twin room (\$1550 SGD/\$1150 USD)
Payment made: ☐ Yes ☐ No
Name of Program Director:
Signature/Date:
Remarks: