REGISTRATION FORM

Training Programme — The Books of Prophet Mukele Elisha

Ruach HaKodesh · The School of the Holy Spirit · From Ashes to Beauty

The Ark of the Glory of the Lord Churches · The Watchmen Jesus Christ Movement

Please complete this form in capital letters and return it to the training office or your branch pastor. Fields marked with an asterisk (*) are required.

1. PERSONAL INFORMATION

TITLE

☐ Mr ☐ Mrs ☐ Miss ☐ Brother ☐ Sister ☐ Pastor ☐ Evangelist
☐ Other: _____

SURNAME * _____ **FIRST NAME(S) *** _____

GENDER

☐ Male ☐ Female

DATE OF BIRTH (DD/MM/YYYY) _____

NATIONALITY _____

PHONE / WHATSAPP * _____ **EMAIL** _____

HOME ADDRESS _____

CITY / TOWN * _____ **PROVINCE / STATE** _____ **COUNTRY *** _____

PREFERRED LANGUAGE *

☐ English ☐ French ☐ Both

2. CHURCH INFORMATION

CHURCH / BRANCH * _____ **CITY OF BRANCH** _____

SENIOR / BRANCH PASTOR'S NAME * _____ **MEMBER SINCE (YEAR)** _____

YEAR YOU GAVE YOUR LIFE TO CHRIST _____

BAPTISED IN WATER?

☐ Yes ☐ No

BAPTISED IN THE HOLY SPIRIT?

☐ Yes ☐ No

CURRENT ROLE IN CHURCH

☐ Member ☐ Worker ☐ Cell leader ☐ Intercessor ☐ Usher / Protocol ☐ Worship team
☐ Deacon / Elder ☐ Minister / Pastor ☐ Other: _____

3. EMERGENCY CONTACT

FULL NAME _____ **RELATIONSHIP** _____ **PHONE** _____

4. COURSE SELECTION

	Course	Modules	Length
☐	**Full programme** (all three courses, with programme certificate)	28	28 weeks
☐	Course 1 — Ruach HaKodesh: The Holy Spirit and His Eight Manifestations	10	10 weeks
☐	Course 2 — The School of the Holy Spirit (L'École du Saint-Esprit)	6	6 weeks
☐	Course 3 — From Ashes to Beauty (De la cendre à la beauté), Books 1–3	12	12 weeks

HOW WILL YOU ATTEND? *

☐ In person ☐ Online ☐ Either

PREFERRED TRACK

☐ Standard (weekly)
☐ Fast track (twice a week)

PREFERRED CLASS TIME

☐ Weekday evening ☐ Saturday morning ☐ Saturday afternoon ☐ Sunday after service

DO YOU HAVE THE TEXTBOOKS?

☐ Ruach HaKodesh ☐ The School of the Holy Spirit ☐ From Ashes to Beauty
☐ None yet — I wish to order

5. ABOUT YOU

WHY DO YOU WANT TO JOIN THIS TRAINING, AND WHAT DO YOU EXPECT TO RECEIVE FROM IT?

HAVE YOU ATTENDED ANY PREVIOUS BIBLE SCHOOL OR MINISTRY TRAINING? IF YES, WHERE AND WHEN?

SOME ASSIGNMENTS INCLUDE PRAYER AND FASTING. IS THERE ANYTHING ABOUT YOUR HEALTH THE TEACHERS SHOULD KNOW? (OPTIONAL)

6. STUDENT COMMITMENT

I commit myself, by the grace of God, to:

- attend at least 80% of the classes of each course I register for, and arrive on time;
- read the assigned chapter before each class and complete the weekly assignments;
- fast only in a way that is safe for my health, and seek medical advice where needed;
- honour the teachers, my fellow students and the leadership of the church;
- complete the final task of each course.

STUDENT SIGNATURE * _____ **DATE *** _____

7. PASTOR'S RECOMMENDATION (I RECOMMEND THIS PERSON FOR THE TRAINING)

PASTOR'S NAME _____ **BRANCH** _____ **SIGNATURE** _____ **DATE** _____

FOR OFFICE USE ONLY

REGISTRATION NO. _____ **DATE RECEIVED** _____ **RECEIVED BY** _____ **FEES** _____ **CLASS GROUP** _____ **START DATE** _____