

International School of Theology and Leadership
Application Form

Please print it and fill the place in blanket. Please answer the questions correct and clearly. Your information will be confidential (please fill the blanket with capital letters!)

Personal Data

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Please enter a last day photo of you
Surname	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
Telephone nr.	<input type="text"/>		
Cel. Nr.	<input type="text"/>		
E-mail	<input type="text"/>		
State	<input type="text"/>	Date of Birth <input type="text"/>	
Profession	<input type="text"/>	Marital Status <input type="text"/>	

Please write a brief introduction about yourself

I am

How did you become a believer and for how long? (briefly write your testimony)

ISTL

International School of Theology and Leadership

Address:

Kisha e Perëndisë.
 Rr. Hoxha Tasim
 Pallati Aurora
 Konstruksion Nr 75

+355 676968726
 Email: info@istl.al
 Web: www.istl.al

Education

(How years have you studied and the type of school/Education)

[Blank area for Education details]

Job experience

(Time frame)

[Blank area for Job experience details]

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Other trainings (Time frame and the type of the training)

Volunteer activities (Time frame and the type of activity)

Languages please choose

Albanian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>
German	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>
French	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	First language	<input type="radio"/>

Hobby, Skills

References Name, Address, Telephone, References that have for you

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Information about the church

Are you active in the church? Yes No

Church's name

Is your church or pastor informed that you are applying in this school? Yes No

Strong points (in your character, physically and psychology)

Weak points (in your character, physically and psychology)

Your vision/dream for life

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How did you heard about ISTL?

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Place, Date:

Signature:

Putting your signature you confirm that all the information that you enter is correct.

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