

COUNCIL FOR WORLD MISSION
SPECIAL ACADEMIC
ACCOMPANIMENT PROGRAMME



APPLICATION FORM
PROTESTANT THEOLOGICAL UNIVERSITY

General Instructions:

- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- All Special Academic Accompaniment Programme (SAAP) applications must be made through the Office of the church's General Secretary. Please ensure that Section B- Church Endorsement is duly completed by the General Secretary or Moderator on the applicant's behalf.
- **IMPORTANT:** Applicant must submit the English Proficiency Assessment Certificate as per PThU's requirement for the application to be considered. Additional requirements as stated in Part D - Checklist Form must be submitted along with the application form. Only complete applications forms will be processed.

PART A

Section 1 - Personal Details					
Last Name		First Name			
Full Name as Stated on the Passport					
Date of Birth (dd/mm/yyyy)	___/___/___	Age		Gender	
Passport Number		Passport Issue Date		Passport Expiry Date	
Nationality				Proficient in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language	Mother Tongue		Other Language/s		
Full address					
Mailing address Street address					
Daytime Phone No.					
Mobile Phone No.					
E-mail address					

Section 2 - Ministry	
Denominational Church	

Section 3 - Educational Background

Are you currently studying?

Yes, I am studying:

Full Time

Part Time

Distance Learning

Year : _____ Number of Remaining Semesters: _____

Course: _____

School: _____

Address: _____

No, I am not studying

Describe area of expertise and/or academic specialization

English Language Proficiency*

All non-native speakers must demonstrate a good command of English by preferably a TOEFL score of 575 (PBT), 232 (CBT) or 90 (IBT), IELTS 6.5, TOEIC 720 or Cambridge ESOL CAE 58-66. If you have a lower score, meaning TOEFL 550 (PBT), 213 (CBT) or 80 (IBT), IELTS 6.0, TOEIC 670 or Cambridge ESOL CAE 52-57 you will be accepted, but may be advised to follow extra language classes in English. This is also the minimum score required to get accepted to the Programme.

Test

Date Test (dd/mm/yy)

Score Obtained

*This requirement does not apply if you:

1. are a native speaker and completed secondary education in any of the following countries: Canada, USA, UK, Ireland, New Zealand and Australia
2. Have completed your bachelor education in any of the following countries: Canada, USA, UK, Ireland, New Zealand and Australia
3. Have an International Baccalaureate diploma
4. Have European Baccalaureate diploma

Qualifications

Please list your previous completed education, starting with your highest qualification

Qualification	Name of Institution	Country	Start Date	Completion Date

Previous Scholarships

Please list previous scholarship grants received, starting from the most recent

Qualification	Name of Institution	Country	Start Date	Completion Date	Scholarship

Certifications and Licensure/ Other Qualifications

Please list your professional certification and licensure (i.e. Licensed Physician, Registered Social Worker, etc.)

Qualification	Name of Institution	Country	Date

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Publications

Please include relevant academic, professional articles, chapters or books that you have co-authored or authored.

Title of Publication/ Article/Journal	Publisher	Place of Publication	Date and Year of Publication

Section 4 - Work Experience

Period of Employment	Employer	Description of Duties

Will you be returning to this position after scholarship studies? Yes No

If No, what type of employment do you hope to gain upon returning home? _____

Section 5 - Proposed Course of Study/ Programme Details

Degree Programme you are applying for	<input type="checkbox"/> Masters degree <input type="checkbox"/> Doctorate degree
Area of Specialisation	<input type="checkbox"/> Church History <input type="checkbox"/> Old Testament <input type="checkbox"/> Ethics <input type="checkbox"/> Cross Cultural Theology <input type="checkbox"/> Dogmatics <input type="checkbox"/> Practical Theology <input type="checkbox"/> Other, namely _____

Month/Year of Entry you are applying for	
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For PhD applicants, submit the following documents along with this form:

- Copy of bachelor’s and master’s degree
- Academic transcript of records
- Curriculum vitae
- Research Proposal, which includes:
 - *Subject*
 - *Discipline*
 - *Relevance*
 - *Main Research Question (only one)*
 - *Sub-questions*
 - *Methodology*
 - *Provisional Overview of Chapters*
 - *Provisional Bibliography*

Please explain why you chose this institution for your course.

Continue on a separate sheet, if necessary.

Doctorate Thesis Proposal Topic	
Name and Designation of Doctorate Adviser	

Essay

On a separate sheet, please write an essay (typed and double-spaced) as response to the following questions:

- 1. How could the study programme you are applying for add to your work and life experience?**
- 2. What will be the added value? Describe how this study programme will benefit your career, and clarify your motivation for application. (Max 500-600 words)**

Section 6 – Reintegration and Action Plan

This part aims to assess how you plan on using the knowledge, skills and experiences to be gained from the CWM SAAP and how this is aligned to your church's over-all mission, goals and objectives. You are strongly advised to consult with your General Secretary/Church Moderator in completing this part.

Over-all Objective				
Specific Objectives	Tasks	Success Criteria/ Indicators	Time Frame	Resources Needed
<i>Continue on a separate sheet, if necessary.</i>				

Describe the relevance of your study in the church's mission? Why do you want to study this particular course?

Continue on a separate sheet, if necessary

How is your course relevant to the priority areas of your church?

Section 7 - Declaration

I certify that all the information I have provided are true and complete to the best of my knowledge and belief.

Signed: **Date**.....

CWM will hold your details on file in order to process your application. We may wish in the future to send you further information about CWM or seek your views about its work. However, if you do not want us to contact you again, please tick this box .

PART B

CHURCH ENDORSEMENT

(To be completed by General Secretary/Church Moderator)

The Special Academic Accompaniment Programme is designed to support the capacity development in the church by equipping the body of Christ to carry out God's mission. The Church must make this application in accordance to the church's mission priorities and capacity development plan. The individual on whose behalf the church is making this application must be identified in direct response to the capacity needs of the church, with a commitment to return and serve in the church.

How does this application fit your church's mission priorities and long-term capacity development plan?

Continue on a separate sheet, if necessary

Is the applicant's Reintegration and Action Plan (see Section 6) consistent with the Church's plans? If yes, how will the candidate be used in the Church upon completion of the scholarship? If not, how will the applicant serve the Church upon return?

Continue on a separate sheet, if necessary

How is s/he has chosen? Please discuss briefly the selection process undertaken.

Continue on a separate sheet, if necessary

How will the church support the candidate and/or the candidate's family during the study period?

Continue on a separate sheet if necessary

Other Remarks/ Additional Information

Signature of General Secretary/Church Moderator

Name	
Designation	
Full Address	
Telephone No.	
E-mail address	
Date	

PART C

MEDICAL EXAMINATION

Name							
Date of Birth				Age		Gender	
Pulse rate		Blood pressure		Height		Weight	

Emergency Contact Numbers. *Please provide two (2) emergency contacts.*

Full Name							
Relationship							
Daytime phone number				Mobile number			
Postal address							
Email							
Full Name							
Relationship							
Daytime phone number				Mobile number			
Postal address							
Email							
Do you need any mobility assistance? <i>If yes, please give details.</i>							
Do you have any disabilities CWM should be aware of? <i>If yes, please give details.</i>							
Do you have known allergies? <i>If yes, please give details.</i>							
Are you aware of any medical conditions that may hinder your participation to the Scholarship Programme? <i>If yes, please give details.</i>							
Special Dietary Requirements							

IMPORTANT: To be completed by Attending Physician.

Any family history of disease?	
Any serious operations, injuries or illness in the past?	
Any infectious diseases?	
Any eye defects? If yes, are spectacles worn and satisfactory?	
General condition	
Any ear disease/s?	
Are mouth and throat healthy?	
Teeth are well cared for?	
Are heart and lungs healthy?	
Result of chest X-ray	
Any signs of hernia?	
Urine: Any albumen? Any sugar?	
Any organic, nervous or other disorders?	
Any functional disorders?	
Is the applicant emotionally well-balanced?	
Is there any tendency to depression or history of it?	
Have you any knowledge of the applicant's lifestyle and is there any evidence of abuse of alcohol or drugs?	
Do you consider that there are any medical reasons why the applicant should not go abroad for further training?	
Does the applicant need any special diet or regular medical treatment of any kind?	

ATTENDING PHYSICIAN'S CERTIFICATION

I hereby certify that _____ is physically **fit / unfit** to participate in the **Special Academic Accompaniment Programme** of the Council for World Mission.

Signature over Printed Name of Attending Physician

Date _____

Registration No. _____

PART D

CHECKLIST FORM PROTESTANT THEOLOGICAL UNIVERSITY

Date of Submission: _____

Applicant's Name			
Church Denomination		E-mail address	

IMPORTANT: *Please make sure that you have submitted the following documents:*

- Accomplished Application Form Part A
- Accomplished Application Form Part B - Church Endorsement
- Accomplished Application Form Part C – Medical Examination
- Copy of the Minutes of the Denominational Committee Approval
- Church's Long Term Capacity Development Plan
- Clear copy of passport pages and two (2) copies of passport size photograph
- Certified copy of Proof of other degrees
- Certified copy of official transcripts of records
If the document is in a language other than English, please provide copy of the original document and its English translation.
- Certified copy of certifications in original language.
If documents are in languages other than English, please provide copies of the original document and their English translation.
- English Language Proficiency test result
- Two (2) letters of reference (one preferably academic)
- Up-to-date curriculum vitae
- English abstract of your bachelor thesis or final project
- Essay