



BRIDGEWORLD COLLEGE

Tel 0726-880858,0733-266816
Email : bridgeworldcollege7@gmail.com
Web : www.bridgeworldcollege.org

*Attach a recent
passport-sized
photograph here*

APPLICATION FORM

APPLICATION PROCEDURE

1. Read the forms and any accompanying information carefully before filling any information. Give detailed information as possible. For additional information use a separate sheet.
2. Attach copies of supporting documents i.e. academic, medical, birth certificates, ID or passport. If they are not in English, attach certified translated copies.
3. Attach three recent coloured passport size photographs.
4. Pay the application fees of Kshs. 1000 to enable the processing of your application.

1. PERSONAL INFORMATION

Names: _____
Last (family) Name Middle Name First Name

Others names on previous records, if different from above (in full) _____

Date of Birth _____ Citizenship _____ Country of Birth _____

Country of residence _____ Passport No. / ID No. _____

Gender: Female [] Male []

Marital Status: Single [] Married [] Other _____

Cell phone no. _____

Current mailing address _____

Email _____

Languages spoken/written (and fluency) _____

How do you plan to finance your studies Self [] Family/Relative [] Scholarship []

Give details of the sponsor/family/relative if applicable _____



2. ENROLMENT INFORMATION

Year of Entry _____ January/February [] July /August []

I would like to be considered for:

Certificate/Diploma in Christian Ministry [] Diploma in Theology []

Certificate /Diploma in Christian Ministry: Counselling Psychology []

Are you a graduate of Bridgeworld College? Yes [] No []

If yes, when? _____ Which program _____

3. EDUCATION INFORMATION

Please list all the schools, colleges, or universities previously attended (Do not list primary schools)

Name of Institution	Duration	Certificate(s) acquired	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently engaged in other studies? Yes [] No []

If yes, give details _____

What academic or non-academic honours or positions have your received/held?

4. RELIGIOUS AFFILIATION

Denomination _____

Name of church _____

Current Address _____

Senior Minister's/Pastor's name _____

Your involvement in church _____

Duration _____





BRIDGEWORLD COLLEGE

Tel 0726-880858,0733-266816
Email : bridgeworldcollege7@gmail.com
www.bridgeworldcollege.org

9. CERTIFICATE OF HEALTH

(This form is to be completed and returned by the medical officer examining the applicant.)

PART I (To be completed by the applicant)

In case of emergency, the following person(s) should be notified:

Name _____ Relationship to applicant _____

Telephone/mobile _____

Address _____

MEDICAL HISTORY

Have you ever been admitted into hospital? Yes [] No []

If yes, state reason for admission and date _____

Do you suffer from any physical disability? Yes [] No []

If yes, please explain _____

Do you have a medical insurance cover? Yes [] No []

If yes, state the terms of the cover: Inpatient [] Outpatient [] both []

Duration of cover _____

Name of insurer? _____

Applicant's signature _____ Date _____

PART II (To be completed by examining medical Officer)

A. Height _____ Weight _____

B. Visual acuity _____

Without glasses R.6/ L.6/ _____ With glasses R.6/ L.6/ _____



c. Hearing Right ear _____ Left ear _____

D. Condition of: _____

Teeth _____

Nose _____

Throat _____

Lymphatic glands _____

Circulatory system _____

Pulse _____

Blood Pressure _____

Respiratory system _____

Abdomen _____

Spleen _____

Any evidence of hernia _____

Any other observation of importance (e.g. physical or mental disabilities) _____

Signature of physician _____ Stamp _____

Address and qualifications _____



10. REFEREES

1. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____

2. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____

3. Name of the Referee _____

Designation _____

Address _____

Cell Phone _____ Email _____





BRIDGEWORLD COLLEGE

Tel 0726-880858,0733-266816

Email : bridgeworldcollege7@gmail.com

Web : www.bridgeworldcollege.org

11. PERSONAL REFERENCE FORM (To be completed by a Pastor/Christian Leader)

Please complete this form carefully and honestly, stamp, seal it and return to the Registrar.

1. How long and in which way have you known the applicant? _____

2. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?

3. How is he/she engaged in the activities of your Church?

4. Does the applicant possess any outstanding abilities or talents? How do you perceive his/her abilities?

5. Please add any other comments that you would consider helpful in our considering this applicant for admission to our college.

Name _____

Address _____

Telephone/ Mobile _____

Email _____

Name of Church _____



Title/Position _____

FOR OFFICIAL USE ONLY

Recommendation of Registrar:

Recommended: Programme _____

No. of years _____

Not Recommended: Reason _____

Recommendation of Academic dean:

Recommended: Programme _____

No. of years _____

Not Recommended: Reason _____

Recommendation of Principal:

Recommended: Programme _____

No. of years _____

Not Recommended: Reason _____

Official Stamp

