



The Fullness of Joy Miracle Centre

55 Suffolk Road EN3 4AY

+44 7581 202996

MINISTERIAL TRAINING APPLICATION FORM

Six months training facilitated by Seasoned and proven Ministers of God

Title: Mr. Mrs Miss. Dr. Other _____

Surname: _____ First Name: _____

Phone no: _____ E-mail Address: _____

Gender: Male Female

Age Range: 18 - 25 36 - 45 56 - 65
26 - 35 46 - 55 66 - 75

1. Describe your personal salvation (feel free to use another piece of paper):

2. What experiences have helped you to grow in your Christian life? Including devotional life, as well as serving in your home, church, and/or community

3. Why are you interested in attending this Ministerial Training?

RECOMMENDATIONS: Please supply the names, contact and signatory of your recommendations!

Name and Position: _____

Phone no: _____ Signature: _____



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FJMC does not discriminate in any form with regard to age, race, colour, national origin, or disability in any of her education programs or opportunities, employment or other activities. No fees expected, but it is open to charitable donations to support the work. All teachings are biblically inclined and instructed.

I, (*please inscribe your names here*) certify that the information given in this application is complete and accurate to the best of my knowledge. I shall be present in all classes fixed to be qualified and awarded a certificate.

Signature _____ Date _____