



ADMISSION TO CERTIFICATE IN PASTORAL AND PROPHETIC MINISTRY

APPLICATION FORM

Affix a recent Passport size photo

IMPORTANT: Candidates Are Required to Answer Every Question on each page fully with the under listed enclosures:

Application Requirements:

- Application form completed in **Block** letters Only
- 50 Ghana Cedis Non-Refundable Application Fee
- 2 recent passport-sized photographs
- One certified photocopy of recent result slips or certificate.
- 2 Signed Reference Forms (Form II).
- Sponsorship Form if sponsored by a church / organization / individual in the form enclosed (Form III).

Please send your application form duly filled in to:

The Admission Office, **Rhema Prophetic Academy**

The Grace Arena, Haatso near the station

OR

For applicants beyond Greater Accra, kindly scan completed and signed forms with related documents and send via email: rpa@brookmanministries.org





Grace Arena, Haatso-Accra, Ghana
Phone: (+233) 246643300, 276643300, E-mail: rpa@brookmanministries.org
Website: www.brookmanministries.com

Form I

I. General Information (tick \checkmark the appropriate)

1. Name:
(SURNAME) (FIRST NAME) (MIDDLE NAME)
2. Gender: Male Female 3. Date of birth:
(DD/MM/YYYY)
3. Place of Birth: _____ Nationality: _____
4. Marital status: Single Married Divorced Separated Widowed
5. Occupation: _____ Work Place: _____
6. Position Held: _____ Duration: _____
7. Residential Address: _____

8. Present Postal address: _____

- Cell Phone: _____ E-mail: _____
9. Specify your talents, hobbies or interests etc: _____
10. Do you suffer from any disease such as tuberculosis, epilepsy, rheumatic, heart, asthma, high blood pressure, diabetes, etc? Yes No
11. Are you physically handicapped? Yes No
- If yes specify: _____
12. Do you have the habit of using tobacco, drugs, intoxicating drinks etc.? Yes No
13. Your Next of Kin: _____

II. Educational Information

1. Highest Educational / Professional Qualification: _____

2. Qualification Obtained From (Institution/School): _____

_____ School Location: _____

3. How will you rate your English speaking ability? *(Tick One)*

Excellent Very Good Fair Poor

4. How will you rate your English writing ability? *(Tick One)*

Excellent Very Good Fair Poor

5. Who will meet your financial needs during your study?

Self Parent Church any other

II. Spiritual Information

1. Have you accepted Jesus Christ as your Lord & Personal Saviour?

Yes No

2. If yes, when? Date of Salvation: _____ Date of water Baptism: _____

Date of Holy Spirit Baptism: _____

3. Name and address of the local church where you are a member: _____

_____ Name of Pastor: _____

4. Denomination/ Church/ Association: _____

5. Role in Church/Organisation: _____

5. Duration of your membership in the Church: _____

6. Specify your area of calling:

Pastoral Ministry Children Ministry

Prophetic Ministry Healing Ministry

Evangelism others: _____



III. Your Objective

1. Why do you want to pursue this course?

III. References

Please give the names and addresses of two persons who will provide reference about your academic performance and spiritual maturity.

1. _____

2. _____

Cell: _____

Cell: _____

Declaration

I _____, solemnly declare that all the information furnished in this application are true and correct to the best of my knowledge and belief. I promise to strictly abide by the rules and regulations of **Rhema Prophetic Academy**, if selected.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Application received on : _____

Comments on enclosures : _____

Interview date : _____

Approval of admission : _____

Student ID No. : _____

Remarks : _____





**FORM II
REFERENCE FORM**

APPLICANT'S FULL NAME: _____

Note to the Applicant:

Choose two people to complete reference forms and return them to you in a signed and sealed envelope. References must be people who have known you well for at least one year. One reference must be a pastor or other leader in your church.

APPLICANT SIGNATURE: _____

DATE _____

Note to the Reference:

This information will be held in strict confidence. The above named applicant has applied for acceptance to Rhema Prophetic academy and has named you as a reference. Your reference contributes to the decision made by us regarding this applicant. Therefore, please be thorough and timely in your response.

PLEASE RETURN THIS FORM DIRECTLY TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE

SIGNATURE _____

DATE _____

REFERENCE FULL NAME _____

PHONE _____

EMAIL _____

ADDRESS (BOX NO.) _____

CHURCH/ORGANIZATION TO WHICH YOU BELONG _____

POSITION _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAS THE APPLICANT BEEN AN ACTIVE CHRISTIAN? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

DESCRIBE THE EVIDENCES YOU SEE IN THE APPLICANTS LIFE THAT DEMONSTRATE HIS/HER COMMITMENT TO FOLLOW CHRIST.

PLEASE CIRCLE THE APPROPRIATE NUMBER ON THE FOLLOWING QUESTIONS. USE "?" IF YOU FEEL YOUR KNOWLEDGE OF THE APPLICANT IS INSUFFICIENT IN THAT AREA.

	UNKNOWN	POOR	AVERAGE	OUTSTANDING
RESPONSIBILITY—ABILITY TO FAITHFULLY ASSUME AND COMPLETE DUTIES/OBLIGATIONS:	?	1 2	3 4	5 6
ADAPTABILITY—ABILITY TO ADJUST TO CHANGES IN CIRCUMSTANCES	?	1 2	3 4	5 6
COOPERATION/TEAMWORK—RELATES WELL TO OTHERS IN A LIVING OR WORK SETTING:	?	1 2	3 4	5 6
COMMUNICATION—ABLE TO EXPRESS THOUGHTS, FEELINGS, AND IDEAS WITH OTHERS:	?	1 2	3 4	5 6
SPIRITUAL MATURITY—DEMONSTRATES HOLINESS, MATURITY, AND CONSISTENCY:	?	1 2	3 4	5 6
CHURCH INVOLVMENT:	?	1 2	3 4	5 6
EMOTIONAL STABILITY:	?	1 2	3 4	5 6
PERSONAL RECOMMENDATION:	?	1 2	3 4	5 6

THANK YOU FOR YOUR COOPERATION IN THIS MATTER. PLEASE RETURN THIS FORM TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE





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FORM III

SPONSORSHIP FORM

To be filled in by the Sponsor / Pastor / Parents if the candidate is sponsored by any church / organization / individual

1. Name of the applicant: _____
 2. Name of the sponsor: _____
 3. Name of the Church / Organization: _____
 4. Designation: _____
 5. Address: _____
- _____
- _____

Phone: _____ Cell: _____ E-mail: _____

I/we _____, hereby promise to support, the studies of _____ to the amount of GHS. _____ per month towards **Rhema Prophetic Academy** fee. I/we shall be responsible for all his financial matters related to the studies.

Signature & Designation seal

Date: _____

Office seal