



FIJI

APPLICATION FOR 1ST YEAR ENROLLMENT 2025

READ CAREFULLY.

Answer all questions. If a question does not apply to you write DNA (Does Not Apply).

You can Mail, E-mail, or bring your application to:

RHEMA BIBLE TRAINING CENTER FIJI

RHEMA Fiji Campus ◊ Vomo Vatunitawa, Narewa ◊ Nadi

P.O Box 2731 ◊ Nadi ◊ Fiji

Telephone 760 3919 ◊ E-mail UMHQFiji@gmail.com

ADMISSIONS OFFICE HOURS

Monday - Thursday: 9:00 am - 4:00 pm (closed for Lunch)

PLEASE PRINT OR TYPE FULL LEGAL NAME

Name First Middle Last Maiden Name Facebook name

Present Address Country Zip Phone Email Address

Sex Male Female **Date of Birth** **Age** **Country of Citizenship** **Occupation**

Marital Status Single Engaged Married Remarried Divorced Widowed Seperated

Name of spouse of fiancé Last First Middle

Is your spouse in agreement with your decision to attend RBTC? YES NO

CHURCH AFFILIATION

Name of Church

Address City Country Zip

Pastor

How long have you attended this church?

STATEMENT OF FAITH

Are you a minister?

Licensed Ordained If so, with what denomination:_____

Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine? YES NO

Do you believe in the Holy Trinity - that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit? YES NO

Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man? YES NO

ENROLLMENT INFORMATION

Why do you want to attend RHEMA Bible Training College? *(state briefly)*

How did you hear about RHEMA?

Who referenced you to RHEMA?

Date you were saved? Month ___ Day ___ Year _____ Were you raised in a Christian home? YES NO

Briefly state how you know you are saved:

EDUCATIONAL HISTORY

List Schools attended.

Name of School	Dates	Major	Diploma or Degree

MEDICAL HISTORY

Do you have any serious medical condition(s) i.e. heart disease, diabetes, high blood pressure, cancer, malaria etc? YES NO

IF YES, please state your medical condition(s): _____
What medication are you currently taking for your medical condition(s)? _____

STATEMENT OF TRUTH

I hereby state that all the information contained on this application is correct and true. If RBTC is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

Signature _____ Date _____

Official Use Only
