

TMA INSTITUTE OF COUNSELLING

AMALAGIRI, KOTTAYAM - 686 036

DIPLOMA IN CLINICAL PASTORAL COUNSELLING



APPLICATION FORM

Photo

Year 20.....

1. Name

2. Postal Address

3. Tele No. & E-mail

4. Age & Date of Birth

5. Gender

6. Marital Status

7. Denomination

8. Home Parish

9. Academic Qualifications

Sl. No	Degree	% of Marks	Year of Completion	University

10. Present Occupation

11. Course Selected DCPC
(regular / DCPC
De-addiction)

12. Status in the Church

Ordained / Lay

If ordained : Ministerial Experience

If ordained, attach letter of assurance from the Bishop / Head of Church that you will be granted leave if selected for study. Letter must also indicate the date of ordination and the kind of ministry you have been exercising since ordination.

If Lay: Pastoral Experience

If lay, letter from the parish priest or other competent authority indicating any leadership role you have held in your church or parish and the period for which you have exercised such leadership (minimum 3 years)

13. Is your application sponsored by any Church or organisation

(If yes, attach certificate of sponsorship)

14. Two reference persons who know you closely

(Names, addresses and Tele. Nos.)

15. Give a two page description of the most formative influences and experiences in your growth as a believer

16. Have you suffered any physical illness requiring hospitalization

(If yes, give details of each instances)

I have read the brochure of the DCPC programme and request to be enrolled as an applicant. I am enclosing a demand draft for Rs. ~~200/-~~ in favour of the TMA Institute of Counselling payable at SBT, Ammancherry

Place :

Date :

Signature of the candidate