



APPLICATION FORM FOR BACHELOR IN

Ministerial and Theological Studies

PERSONAL DETAILS

Surname*

First name*

Second name

Email*

Phone*

Family name*

Date of birth:

Year*

Month*

Day*

Place of birth*

Citizenship*

Passport number including series number*

Passport issuing office*

Signature*

* Required fields



REGISTERED ADDRESS

Street*

House number*

Flat number

ZIP code*

City / town*

CORRESPONDENCE ADDRESS

If your correspondence address is the same as your registered address please tick this checkbox and then continue to the following section.

Street

House number

Flat number

ZIP code

City / town

PREVIOUS EDUCATION

Name of the high school*

City / town*

Year of graduation* Number of the high school certificate*

Signature*



CHURCH

Date of conversion*

Date of baptism*

Place of baptism*

Name of the church where you are a member*

Church address:

Street*

House number*

Flat number

ZIP Code*

City / town*

What ministries in the church have you been involved in?*

Do you think that God is calling you to church ministry?*

Which area do you think you are being called to?*

Other:

I confirm that the information given in this form is true, complete and accurate.

Date of completing the questionnaire*

Legible Signature*



PAYMENT DECLARATION

Ministerial and Theological Studies

PAYMENT DETAILS

Surname*

First name*

Second name

Email*

Phone*

I hereby commit to covering the costs of bachelor's studies. I also declare payment: *

- payment for the whole academic year in advance - **2500 EUR tuition**
- payment in 2 instalments (1st instalment by 20th September, 2nd instalment by 20th January) – **2 x 1300 EUR tuition**

I hereby commit to covering the costs of accomodation and meals. I also declare payment: *

- payment for the whole academic year in advance - **and 2500 EUR (accommodation and main meal on study days at the college from 1st October to 30th June)**
- payment in 2 instalments (1st instalment by 20th September, 2nd instalment by 20th January) – **2 x 1300 EUR (accommodation and main meal on study days at the college from 1st October to 30th June)**

If fees are not paid punctually you will be deleted from the list of students and the immigration authorities will be informed.

Date of completing the questionnaire*

Legible Signature*



STATEMENT

Pursuant to Article 6.1 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data, I hereby agree to the processing of my personal data included in the application:

Date*

Surname*

Name(s)*

by The College of Theology and Social Sciences, 20 Wyborna Street, Warsaw, the administrator of my personal data, which is an integral part of the Pentecostal Church in Poland with its headquarters at 68/70 Sienna Street, Warsaw.

I AGREE

I DISAGREE

to photographs and films where my image appears, which are registered during the educational process, during special events and services, as well as workshops held at WSTS, to be used in the internet, press, television and information and advertising brochures.

I AGREE

I DISAGREE

to receiving information about WSTS and its educational programs via email at the following address:

EXPLANATION

Pursuant to Article 13 of Regulations 1 and 2 on the protection of personal data of 27 April 2016 as well as the regulations of the Pentecostal Church regarding personal data of 18 April 2018 please be informed that:

- the administrator of personal data is:
the Rector of The College of Theology and Social Sciences.
- The Chairperson of the Committee for the protection of personal data fulfills the function of the inspector of personal data. Contact dudzinski@gmail.com tel. 601 165 958.
- Personal data is processed in accordance with the statutory and the College internal Rules and Regulations.
- Personal data will be kept until the completion of the particular process they are used for and then they will be archived.
- Rights to access to personal data, their rectification, deletion, limitation of use, relocation, right to objection and the right to revoke agreement at any time are kept without influence on the agreement with the regulations of processing.
- Revocation of agreement may take place on the basis of a completed statement on revocation of agreement sent by traditional mail or email.
- The possibility to submit a complaint to the Chairperson of the Committee for the protection of personal data in case of violation of the Rules and Regulations.
- Disclosure of personal data is necessary and integral to the presentation of the conditions included in the application. If data is not disclosed this will result in the cancellation of the processes included in the statement.

Date*

Place*

Legible Signature*



LETTER OF RECOMMENDATION

CANDIDATE

Surname*

Name(s)*

Study*

PERSONAL DETAILS OF THE REFEREE

Surname*

Name / Names*

Email*

Phone*

CHURCH

Name of the church where the referee is a member*

Church address:

Street*

House number*

Flat number

ZIP code*

City / town*

* Required fields



RECOMENDATION

1. How long have you known the candidate?*

since

year

2. In which church ministry is the candidate involved?*

3. How do you judge their work?*

4. Does the candidate have the predisposition to be a preacher?*

5. Does the candidate have leadership qualities?*

6. Does the candidate have a positive relationship with church leadership?*

7. As far as you know the candidate, do you:*

Please explain:*

8. Other relevant information:

* Required fields

STATEMENT OF REFEREE

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Date*

Surname*

Name / Names*

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Date*

Place*

Legible Signature*