



## OBSCJ COLLEGE OF THEOLOGICAL & INTERDISCIPLINARY STUDIES

Lot 17 & 18 Twickenham Park, Spanish Town P.O. St. Catherine  
Telephone: 876-907-3123/876-907-1028/876-317-8396/876-995-1003  
Email: ctistheology@gmail.com

### APPLICATION FORM - 2025/2026 Academic Year

#### A. PERSONAL DATA

Affix passport size photo

1. **Name:** \_\_\_\_\_  
Surname First Name M.I.
2. **Date of Birth** (dd/mm/yyyy) \_\_\_\_\_ **Gender** \_\_\_\_\_
3. **Marital Status:** ☐ Single ☐ Married ☐ Separated  
☐ Divorced ☐ Widowed ☐ Common Law
4. **If married, how long?** \_\_\_\_\_
5. **Current Disability** (if any) \_\_\_\_\_
6. **Permanent Address** \_\_\_\_\_  
**Mailing Address** (if different from permanent address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact:** Mobile # \_\_\_\_\_ WhatsApp # \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_ Email: \_\_\_\_\_  
(please write clearly)
7. **Dependents:** ☐ Yes ☐ No, If yes, how many? \_\_\_\_\_ Nature of relationship \_\_\_\_\_  
\_\_\_\_\_
8. **Emergency Contact:**

Name	Relationship	Contact #

9. **Employment status:** ☐ Employed ☐ Seasonal Employment ☐ Self-Employed ☐ Unemployed.
- Current Place of Employment & Address:** \_\_\_\_\_

Start Date: \_\_\_\_\_

Current Occupation/Job Title: \_\_\_\_\_

Who will be responsible for your tuition if accepted? ☐ Self ☐ Church ☐ Other

#### A. EDUCATION BACKGROUND & QUALIFICATIONS

Tertiary Institution Attended	Course/Programme of Study	Results/Award	Period (From – To)

Secondary Institution Attended	Subjects passed	Results/Award	Period (From – To)

#### B. PROGRAMME OF STUDY:

Programmes – Part-Time (Monday to Fridays except for Tuesdays)	Mode of Study
Bachelor of Theology (4 years including summers) <input type="checkbox"/> <ul style="list-style-type: none"><li>• No specialization <input type="checkbox"/></li><li>• Counselling Specialization <input type="checkbox"/></li><li>• Leadership &amp; Ministry Specialization <input type="checkbox"/></li></ul>	Please note that our courses will be offered 80% online and 20% face-to-face. Face-to-face classes will be held on campus on 1 Saturday each month (a total of 2 to 3 Saturdays in each semester for selected courses).
Associate of Arts in Theology (2 years, 2 summers) <input type="checkbox"/>	
Certificate, Biblical Studies (1 year) <input type="checkbox"/>	
Certificate, Counselling (Based on enrollment) <input type="checkbox"/>	

#### C. CHURCH AFFILIATION

Are you a Christian? ☐ Yes ☐ No. If Yes, how long \_\_\_\_\_

**Are you a member of a Church?** ☐ Yes ☐ No. If Yes, please complete the information below:

(a) Name of Church \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

(b) Name of Pastor \_\_\_\_\_  
Telephone: \_\_\_\_\_

Ministry involvement at Local Church or religious group: \_\_\_\_\_

**D. REFERENCES (Give the names & Contact info of 3 references)**

References	Name	Address	Contact
Pastoral			Tel: Email:
Professional			Tel: Email:
Other			Tel: Email:

***NB. Each of your references will be required to complete a referral form (per attachment). This form is to be submitted under confidential cover along with your application form.***

### E. PERSONAL STATEMENT/TESTIMONIAL

Write a brief testimonial of your conversion to Christ, your spiritual growth and development, your present walk with the Lord, and why you wish to attend Bible School.

[illegible]



OBSCJ College of Theological & Interdisciplinary Studies  
DATA PROTECTION POLICY DOCUMENT

In compliance with the Data Protection Act, 2020 of Jamaica, the OBSCJ College of Theological and Interdisciplinary Studies is dedicated to safeguarding your data and ensuring your privacy. By completing this application form, you acknowledge and agree to the following:

- **Collection and Use of Personal Data.** The personal data collected in this application form — including but not limited to your name, contact information, date of birth, academic history, and supporting documents — is required to process your application, communicate with you, determine eligibility, and maintain student records.
- **Data Storage and Security.** Your information will be stored securely, whether in electronic or physical form, and will be protected against unauthorized access, disclosure, alteration, or destruction.
- **Sharing of Data.** Your data may be shared with authorized personnel within the institution and, where necessary, with relevant third parties such as accrediting bodies or government agencies, in compliance with legal or regulatory requirements. We will not sell or share your data with any unauthorized third party.
- **Data Retention.** Your personal data will be retained only for as long as necessary to fulfill the purposes for which it was collected, or as required by law.
- **Your Rights.** Under the Data Protection Act, you have the right to:
  - Access your personal data held by us.
  - Request correction of inaccurate or incomplete data.
  - Object to processing or request deletion of your data, where applicable.
  - Lodge a complaint with the Information Commissioner if you believe your data rights have been violated.

**Consent** By signing and submitting this application, you give your explicit consent to the collection, processing, and storage of your personal data by this institution for the purposes outlined above.

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

IT IS MOST NECESSARY THAT WE HAVE ALL DOCUMENTS ON FILE BEFORE ANY ENTRANCE EXAMS OR ACADEMIC COMMITTEE INTERVIEWS ARE DONE. PLEASE USE THE FOLLOWING CHECKLIST TO ENSURE THAT YOUR SUBMISSION HAS ALL THE REQUIRED DOCUMENTATION

- |   |                          |
|---|--------------------------|
| 1. Completed application form           | <input type="checkbox"/> |
| 2. Completed Referral Forms             | <input type="checkbox"/> |
| 3. Passport size photo                  | <input type="checkbox"/> |
| 4. Copies of educational qualifications | <input type="checkbox"/> |
| 5. Copy of Birth Certificate            | <input type="checkbox"/> |

**N.B. Please address all correspondence to**

The Principal, OBSCJ College of Theological & Interdisciplinary Studies  
Lot 17 & 18 Twickenham Park, St. Catherine

<b>Documents Submitted:</b> <input checked="" type="radio"/> Complete application <input type="radio"/> Three referral forms <input type="radio"/> Passport size photo <input type="radio"/> Copy of birth certificate <input type="radio"/> Copy of Qualifications			
Entrance Assessment Completed		[ ] Yes      [ ] No	[ ] Not Applicable
Entrance Exam Results			
Application Review Outcome	Accepted	Rejected	Provisional Acceptance
Comment:			
Date of entrance exam:		Interviewers name & signature:	
Date of interview:			
		1. _____ 2. _____ 3. _____	