



# INDIVIDUAL ADMISSION

Application For: Apostolic Covering Licensed Ordination

Recent Photo

**Please TYPE or PRINT in ink legibly.**

## I. PERSONAL INFORMATION

Rev Dr Pastor Mr Mrs Miss Madam

Full name: \_\_\_\_\_  
Family Name Middle Name First Name

Permanent residence: \_\_\_\_\_  
No & Street Name City/Town

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Contact nos: \_\_\_\_\_  
Business Fax Mobile Phone

\_\_\_\_\_ Home \_\_\_\_\_ Email Address

Passport no: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
DD MM YY

Languages Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

## II. FAMILY INFORMATION

Marital Status:  Single  Engaged  Married on \_\_\_/\_\_\_/\_\_\_  Widowed  
 Separated  Remarried  Divorced (*Please explain briefly on a separate sheet*)

Spouse: \_\_\_\_\_  
Family Name Middle Name First Name Occupation

Is your spouse saved?  Yes  No

Is your spouse filled with the Holy Spirit with the evidence of speaking in other tongues? Yes No

Does your spouse or fiancée support your call and ministry? Yes No.  
*If no, please explain on a separate sheet.*

Do you commit before God to preserve and protect your relationship with your spouse? Yes No

If you are currently married, would you say that you and your spouse have a good relationship, maintaining good open lines of communication? Yes No.

If no, in what areas, as a couple, can we help you? \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Nos: \_\_\_\_\_  
Business Home Mobile Phone

### III. MINISTRY/ EDUCATION/ EMPLOYMENT INFORMATION

1. When and where were you saved? \_\_\_\_\_
2. When and where were you baptized in water? \_\_\_\_\_ By immersion? Yes / No
3. When and where did you receive the baptism of the Holy Spirit? \_\_\_\_\_
4. How and when did you feel God's call upon your life to full-time ministry? \_\_\_\_\_  
\_\_\_\_\_
5. If not, then what type of ministry you feel the Lord would have you do? \_\_\_\_\_  
\_\_\_\_\_
6. What is your current ministry involvement? \_\_\_\_\_
7. If you are not full-time in the ministry, what job are you holding? \_\_\_\_\_
8. Which Bible School did you attend? \_\_\_\_\_ Year graduated: \_\_\_\_\_
9. Are you willing to contribute regularly towards the financial support of Global Covenant Network?  
Yes / No
10. Have you read the **GCN Apostolic Accountability** and **Ministerial Recognition** papers? Yes / No
11. Are you holding credentials with any other organization(s) other than **GCN of Singapore**? Yes / No.  
If YES, name the church/organization/network? \_\_\_\_\_
12. Name the church you are attending: \_\_\_\_\_  
Registered Church Member: Yes / No      Denomination: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Your Senior Pastor's Name: \_\_\_\_\_
13. Do you accept 1Timothy 3:1-5 as the standard for all Christian ministers? \_\_\_\_\_

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***I understand that all items submitted to Global Covenant Network as part of the application process become the permanent property of Global Covenant Network and will not be returned.***

***This application will be held in absolute confidence. Only those persons holding positions on the Global Covenant Network leadership team will review it. I grant Global Covenant Network and its leadership permission to verify information on this application, including criminal background and credit history.***

***I have read and completed all sections of this application.***

***I hereby state that all the information contained on this application is correct and true.***

***I agree to accept the decision concerning my application without Global Covenant Network needing to give reason for their acceptance or rejection.***

***I agree to comply with Global Covenant Network membership requirements, integrity and moral standards, and accountability to Global Covenant Network leadership that is necessary for maintaining Global Covenant Network membership. Otherwise, Global Covenant Network leadership, after counsel, has the right to absolve membership.***

**RECOMMENDATION**

Please submit names of either one or two **Global Covenant Network** members, one of which must be your pastor/mentor if you are a member of a local church.

1. Name of GCN Member/Pastor/Mentor: \_\_\_\_\_

Church name: \_\_\_\_\_ Designation: \_\_\_\_\_

GCN member's address: \_\_\_\_\_

Contact nos: \_\_\_\_\_  
Business Fax Mobile Phone

Email Address: \_\_\_\_\_

2. Name of GCN Member: \_\_\_\_\_

Address: \_\_\_\_\_

Contact nos: \_\_\_\_\_  
Business Fax Mobile Phone

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Official Use Only**

Application **Granted:**  **Apostolic Covering**  **Licensed**  **Ordination**  **Rejected**

Reason(s), if rejected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date & Venue of recognition by Council: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date