# Registration Form

## Ezra Lay Institute (Paya Lebar Methodist Church)

**Please fill out the form completely and accurately. All fields are mandatory.**

1. **Personal Information**

|  |  |
| --- | --- |
| **Full Name** Full Name | **Photograph****A white square with a blue border  Description automatically generated** |
| **Gender** Male [ ]  Female [ ]  | **Date of Birth**Click or tap to enter a date. |
| **Address**Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.  |
| **Email** Click or tap here to enter text. | **Mobile** Click or tap here to enter text. |
| **Date of Baptism**Click or tap to enter a date.  | **Date of Confirmation** Click or tap to enter a date. |
| **Cell Group Leader** Click or tap here to enter text. |
| **Current Ministry Involvement** Click or tap here to enter text. |

1. **Academic Background**

|  |
| --- |
| **Previous Education** |
| **Highest Degree Earned** Click or tap here to enter text. |
| **Year of Graduation** Click or tap to enter a date. | **Institution**Click or tap here to enter text. |

1. **Additional Information**

Briefly state your reasons for pursuing this program (attached another sheet if necessary)

1. **Recommendations by Cell/Cluster/Ministry Leaders**

Please list two cell/cluster/ministry leaders as your referees.

Name of cell/cluster/ministry leader:Click or tap here to enter text.

Name of cell/cluster/ministry leader:Click or tap here to enter text.

1. **Declaration**

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Email completed registration form to Kwang Meng at kwangmeng@plmc or deposit it with the church office.**