# 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.**