

New Class Registration Form (R01)

A new class must be registered. Please complete this form and return it to Veritas College within 14 days.

Facilitator and Church Details		Official use ID No	MW
Name of congregation/parish where training is held:			
Location of class: Station <input type="checkbox"/> Prayer house <input type="checkbox"/> Outstation <input type="checkbox"/> (tick box) Name:			
Address:			
Presbytery:	District:	Region: South <input type="checkbox"/> Central <input type="checkbox"/> North <input type="checkbox"/>	
Facilitator Name: Title	First Name	Last Name	
Tel:	Mobile:	E-mail:	
Name of assistant facilitator (if any):		Mentor:	

Class Details	
Which module:	Language:
Start date: (dd/mm/yyyy)	Expected completion date: (dd/mm/yyyy)
Number of participants:	
How many hours is each training session?	
How often will you meet?	
When do you intend to complete the module?	

Comments

Signed	Date
--------	------

Please return class registration form within 14 days to:
 Veritas College, PO Box 30906, Lilongwe 3
 Tel/Fax +265 (0)1 773 173 Mobile +265 (0)999 440 330
 E-mail: adminmalawi@veritascollege.org www.veritascollegemalawi.org