

Participant Registration Form (R02)

Please complete and return this form to Veritas College within 14 days of starting a class.

Facilitator and Church Details		Class Details	
Name of congregation/parish:		Which module:	Official Use ID No: MW Language:
Location of class: Station <input type="checkbox"/> Prayer house <input type="checkbox"/> Outstation <input type="checkbox"/> (tick box) Name: Presbytery:		Start date: (dd/mm/yyyy)	Expected completion date: (dd/mm/yyyy)
Address:		No of participants started:	
District: Region: South <input type="checkbox"/> Central <input type="checkbox"/> North <input type="checkbox"/>		Comments:	
Facilitator: First Name Last Name Title			
Tel: Mobile: E-mail:			
Name of assistant facilitator (if any):			
Name of mentor (if any):			

Participant Details <i>(please write clearly)</i>				
	Title	First Names	Last Name	Address
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