

# FTTL - Full Time Training in London

## FULL TIME APPLICATION

Bower House  
Orange Tree Hill  
Romford  
RM4 1PB, UK

Phone: 01708 380 302 • Fax: 01708 380 333 • Email: office@fttl.org • Website: www.fttl.org

Application date:

Term applying for (deadline):  Autumn (August 1<sup>st</sup>)  
 Spring (January 24<sup>th</sup>)

### INSTRUCTIONS

- **Print** answers legibly in pen and **tick** the boxes.
- Complete every section.
- Read through the **Details of the Full-Time Training**
- Pray over the consecration agreement.
- Sign the forms

- CHECKLIST:**
- Section 1
  - Section 2
  - Section 3
  - Section 4
  - Copy of passport photo page
  - Copy of university diploma
  - Relevant medical information

## Section 1 – GENERAL INFORMATION

### A PERSONAL DETAILS

<b>1</b>	Full legal name: <small>(as in your passport)</small>			
<b>2</b>	Preferred first name (English):			
<b>3</b>	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>4</b>	Gender: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>
<b>5</b>	Date saved:		<b>6</b>	When did you come into the church?
<b>7</b>	Date baptized:		<b>8</b>	Sending locality:
<b>9</b>	What have you been doing previous to the training? (travelling, working, studying etc.)			

### B CONTACT DETAILS

Please include an address where your application may be sent to.

<b>10</b>	<i>Home Address:</i> Address: Town/City: State/Province: Post Code: Country:	<b>11</b>	<i>Postal Address: (if different from home address)</i> Address: Town/City: State/Province: Post Code: Country:
<b>12</b>	Home Phone:	<b>13</b>	Mobile:
<b>14</b>	Fax:	<b>15</b>	*Email:

\* It is important you print legibly. We need your email address to contact you regarding your application.

<b>C CITIZENSHIP AND RESIDENCY</b>			
Please note, if you currently live in a country associated with a full-time training, you are required to fellowship with that training centre to receive permission to attend the FTTL. The FTTL no longer offers student visas. If you require a student visa you will not be able to attend the FTTL.			
<b>16</b>	Country of citizenship: _____  Passport No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Passport Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>17</b>	Are you a citizen of a country within the European Union (EU) or European Economic Area (EEA)?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes go to <b>D</b> , otherwise go on to <b>18</b> .
<b>18</b>	What type of visa do you presently hold?  _____  Visa Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>19</b>	Comments:
<b>D MEANS OF SUPPORT</b>			
<b>20</b>	You will be supported by:	Yourself <input type="checkbox"/> Church <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Please specify church or other notes _____	
<b>E MARITAL STATUS</b>			
The FTTL is not able to provide accommodation for couples with children.			
<b>21</b>	Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Comments: _____  If not <i>Married</i> go on to <b>F</b> .	
<b>22</b>	Spouse's Name:	<b>23</b>	Spouse's Age:
<b>24</b>	Date of Marriage:	<b>25</b>	Spouse's Occupation:
<b>26</b>	Spouse's attitude towards you being full time:	Agrees <input type="checkbox"/> Disagrees <input type="checkbox"/> Burdened to attend <input type="checkbox"/>	
<b>F TIME IN THE TRAINING</b>			
<b>27</b>	Have you attended the Full-Time Training before?  No <input type="checkbox"/> Yes - Full Time <input type="checkbox"/> Yes - Short Term <input type="checkbox"/>  If No skip to <b>29</b>	<b>28</b>	List the dates and training centre you previously attended, indicating whether short term or full-time.
<b>29</b>	How many terms will you attend the FTTL? _____		
<b>H ACADEMIC INFORMATION</b>			
List the highest education you have achieved. Attach a copy of graduation evidence to the last page.			
<b>30</b>	Subject	Name and Address of Institute	Years (from/till)
			Degree/Qualification

<b>I LANGUAGE</b>		
<b>31</b>	List languages you speak other than English:	
<b>32</b>	The training is conducted in English. Will you have any difficulty following instructions, listening to messages, prophesying with spiritual terminology, etc?	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <span style="float: right;">If <i>No</i> go on to <b>J</b>.</span>
<b>English Competency</b> Do <b>not</b> fill in this section if English is your <b>first</b> language.		
<b>33</b>	Reading in English:	<i>Very Strong</i> <input type="checkbox"/> <i>Strong</i> <input type="checkbox"/> <i>Acceptable</i> <input type="checkbox"/> <i>Weak</i> <input type="checkbox"/>
<b>34</b>	Listening to English:	<i>Very Strong</i> <input type="checkbox"/> <i>Strong</i> <input type="checkbox"/> <i>Acceptable</i> <input type="checkbox"/> <i>Weak</i> <input type="checkbox"/>
<b>35</b>	Writing in English:	<i>Very Strong</i> <input type="checkbox"/> <i>Strong</i> <input type="checkbox"/> <i>Acceptable</i> <input type="checkbox"/> <i>Weak</i> <input type="checkbox"/>
<b>36</b>	Speaking in English:	<i>Very Strong</i> <input type="checkbox"/> <i>Strong</i> <input type="checkbox"/> <i>Acceptable</i> <input type="checkbox"/> <i>Weak</i> <input type="checkbox"/>
<b>37</b>	If you were raised in a country whose primary language is not English you are required to take a verbal interview. Please provide a contact number and time when we may reach you. Your application will not be considered complete until this interview has been conducted.	Contact Number: _____ Date(s): _____ Time(s): _____
<b>J WHY YOU WOULD LIKE TO ATTEND THE TRAINING</b> Using the space below, please write in no less than 250 words why you would like to attend the training.		
<b>38</b>		

## Section 2 – CONSECRATION

### A DETAILS OF THE FULL-TIME TRAINING

**Step 1.** Read carefully through the sections below.

#### **Life grows by regulation toward maturity and function**

The training is different from the church meetings. In the church, everyone has the full freedom to work or act according to his or her burden and preference; the church does not have any outward regulations. But the training has its specific goals; they are to help you to build up your character, mind, spiritual life, and knowledge of the truth. As such, there must necessarily be proper restraints. All these restraints are to help you to be disciplined in the proper direction. You should know that the life of the Lord within you will supply you to meet all the outward requirements. You must pray to the Lord that you would be able to meet all the requirements of the training, and that you would be brought to the proper experience of life through your obedience to the training regulations.

You should not join the training simply because you had once told yourself you would come, or because your friends are coming, or because your parents or serving ones want you to come, or because you need to “fix up” your spiritual life. While these may be good intentions, you must first and foremost possess a personal desire, no matter how weak it seems, to be perfected as a living, functioning, and overcoming member of the Body of Christ for the fulfilment of God’s eternal purpose. In other words, you must have a heart to be trained. You should not come to the training just to “put in your time” or to “look good” in front of other saints. The FTTL is not only a place of enjoyment and glory, but of discipline and exposure. Its goal is high and its standard uncompromising because it is a training of the Lord’s recovery according to God’s economy. Although the benefit one can reap from it is unlimited, it is not for everybody. This training is for those who are seeking and desirous. Having said that, we are still strongly persuaded that there is no better place to be for a seeking young brother or sister after their university graduation than the full-time training!

#### **A Scheduled Living**

A typical day in the training is a full schedule. Beginning at 6:00 a.m. with morning revival, the day follows with cleaning, training classes, gospel work, study time, evening activities and house prayer until lights out at 10:30 p.m. Attendance is taken at several points throughout the day allowing the Lord much opportunity to work on our character. Trainees are given a rest day from Lord’s day evening until Monday evening.

#### **House Inspections**

Training accommodation is inspected at least on a weekly basis. The goal of the house inspections is not merely to have all trainees conform to a uniform cleaning standard; more so, to help the trainees learn how to coordinate with others, to drop their own standards and concepts, and to have a proper daily living before the Lord.

#### **Computers and Mobile Devices**

Please note that personal computers and mobile devices such as laptops, netbooks, iPods, PDAs, etc may not be used during class or study-time, they may *only be used during the 24-hour training recess each week*. Computers are provided for trainee use in the brothers’ and sisters’ living quarters.

#### **Internet Use**

Use of the Internet is restricted to 20 minutes per day during the 24-hour recess on Lord’s Day evening and Monday. The Internet may only be used for email, travel arrangements, banking and ministry related sites. Phones may not be used to access the Internet.

## Phones

Whilst in the training all phone calls are restricted to *15 minutes*. Except in an emergency, contact with family and friends is restricted to one time per week. Please notify your supporting church, family, and friends of the phone usage guidelines to help avoid misunderstandings.

## Vehicles and Driving

The training has vehicles to transport trainees to their areas of service. *Trainees may not bring personal vehicles to the training centre*. Driving is an important and much needed service in the training. Those who are qualified to drive should realize the serious nature and value of their service.

## Service

Part of the training is learning to serve. Service first is to do a necessary task, second to allow the Lord to expose your naturalness, and third to learn to coordinate with others. Therefore, please come with a heart and mind to labour, taking every opportunity to learn as much as you can.

## General Rules

Below are a number of rules in the training which may be helpful for your awareness and preparation:

- A. Trainees are expected to take the time to pray alone every day for at least twenty minutes.
- B. Trainees must read some portions of the Bible every day on their own in addition to training assignments. Consider consecutive reading through the Bible.
- C. Trainees must subject themselves faithfully to the training's testings and must complete all assignments in truth study, life study, outreach activities, and service.
- D. Trainees are admonished to speak only in a manner that promotes the purpose of the training. Joking, as well as other unsanctified speaking, is not allowed (Matt. 12:36-37).
- E. For any physical, emotional, or spiritual problems, all trainees are expected to fellowship with those in responsibility. Sisters should confine their fellowship with serving sisters and trainers, and brothers with serving brothers and trainers.
- F. Trainees are to keep a daily record of their prayer and study activities.
- G. Trainees should keep a detailed record of their finances, budgeting their income, and recording all expenditures. Be trained to live frugally.
- H. Abide by all schedules. No one is to arrive late or leave early.
- I. No one may get up earlier than 6:00 a.m. Do not disturb others when using the bathroom at night. Every trainee must have lights out and be in bed by 10:30 p.m., except when otherwise specified by the training.
- J. Only use English in the training. Those from non-English speaking backgrounds should exercise to improve their English and be alert not to fall into the ease of using their first language. Beware of language cliques.
- K. Trainees should be polite to roommates and teammates ("Please," "Thank you," "I am sorry," "Forgive me" go a long way). There should be no friendships or cliques in the Lord's recovery. Talk to all the trainees. Do not be exclusive but be conscious of the Body of Christ.
- L. There should be no secular reading during the weekly training schedule. No periodical subscriptions are allowed.
- M. There is to be no smoking, alcohol, illegal drug use, or pornographic material at any time.
- N. Video games are not allowed during the term.
- O. There is to be no gum chewing at any time.

**B CONSECRATION AGREEMENT**

**Step 2.** Read and pray over consecration agreement.

1. I agree to consecrate myself first to the Lord and also to the training for this entire period, to be trained in Bible truth, life, gospel, service, and character, and to accept all rules, requirements, and arrangements established by the training.
2. I agree to be responsible to the training and be accountable to it for every area of my life during this period.
3. I agree to attend all the meetings punctually and to participate in all the activities designated by the training. I understand there is to be no choice or option in this matter.
4. I understand that all absences must be only with good reason and with prior permission.
5. I understand that I will be subject to the training's testing, and I agree to do all the assigned homework in the truth study or any other matter assigned.
6. I understand that my apparel will be regulated, and agree to be corrected in my personal attire.
7. I consecrate myself to utterly refrain from initiating or developing any form of particular relationship or association with any member of the opposite sex during my entire time in the training, including the term breaks, except for acceptable conversation and coordination which is necessary in training arranged activities such as gospel teams and service functions. I understand that the continuation of any prior relationship of this nature, which was initiated before my coming to this training, must be sacrificed for the entire duration of my training time, with the exception of a pre-existing formal engagement to be married. If engaged, I agree to limit my contact with my fiancé(e) in fellowship with the training.
8. I will strongly exercise to avoid speaking any form of gossip, murmuring, or idle, light talk during the training.
9. I am making the preaching of the gospel of the kingdom through the whole inhabited earth and the carrying out of the training's burden my primary goal, and agree to drop any activity, such as education, jobs, etc., not in accord with this burden for the period of the training.
10. I agree to take every precaution in diet, dress, exercise, and rest as prescribed by the training so that I will not get sick.
11. I also understand that the training has the right to dismiss me at any time.
12. I understand that I do not have the option of dropping this training after the second week.

*I choose to abide by all these conditions and desire to submit myself for this training.*

**Step 3.** Sign and date consecration agreement.

*I have read through the above details of the training and request enrolment in the Full-Time Training in London (FTTL) understanding and agreeing to the stipulations above.*

\_\_\_\_\_

*Signature*

## Section 3 – MEDICAL INFORMATION

### A BEFORE ARRIVING

<b>1</b>	Full legal name: (as in your passport)		<b>2</b>	Preferred first name (English):
----------	---	--	----------	---------------------------------

It is very important to avoid contagious illnesses among the trainees. Therefore, before arriving in London, all trainees should have:

- 1) A tuberculosis (TB) skin test or chest x-ray.
- 2) Tetanus immunization within the last ten years.

### B GENERAL HEALTH

If you answer *Yes* to any question, list the question number and describe in section **C**. If you feel any question is too personal please feel free to omit and discuss with the FTTL doctor or nurse in private.

<b>1</b>	Are you in good physical condition?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>2</b>	Are you in good psychological condition?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>3</b>	Do you have any allergies to medicines?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>4</b>	Do you have any food allergy or special dietary restriction?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>5</b>	Do you have any allergies to mould, pollen or other substances that are inhaled?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>6</b>	Do you have any chronic illness?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>7</b>	Do you have any physical disability?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>8</b>	Do you take any medicine on a regular basis?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>9</b>	Have you been advised by a doctor to have any diagnostic procedures or treatment which has not yet been done (for example, chest x-ray for chronic cough, surgery or hernia)?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>10</b>	Have you ever been under psychiatric care or been advised to see a psychiatrist?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>11</b>	Do you smoke?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>12</b>	Do you have asthma?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>13</b>	Have you had a tetanus immunisation in the last ten years? If <i>Yes</i> , please attach evidence.	<i>*Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>14</b>	How many colds do you have per year?	<i>Less than 3</i> <input type="checkbox"/>	<i>3 or more</i> <input type="checkbox"/>
<b>15</b>	In the last year, have you lost more than one week from school or work due to your health?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>16</b>	Do you anticipate a problem sharing a bedroom with three other people?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>17</b>	Do you snore, talk or walk in your sleep?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>18</b>	If you wake up in the night, can you go back to sleep?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>19</b>	Do you need music or white noise to help you get to sleep?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>20</b>	Do you have sleep apnoea?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>
<b>21</b>	Have you had a skin test for tuberculosis? If <i>Yes</i> , what was the result of the last test? <i>*If Positive</i> , please attach an x-ray taken within the last six months.	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>  <i>*Positive</i> <input type="checkbox"/> <i>Negative</i> <input type="checkbox"/>

DO YOU HAVE ANY OF THE FOLLOWING?		
22	Migraines *If <i>Yes</i> , how frequent and how long do they last? _____	* <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
23	Dyslexia	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
24	Dizziness or fainting spells	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
25	Diagnosed ADD/ADHD	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
26	Diabetes	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
27	Chronic Fatigue Syndrome/ME	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
28	Impaired hearing	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
29	Frequent urination (more than 6x/day or 1x/night)	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
30	Difficulty falling asleep in the evening	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
31	Unusual fears (such as claustrophobia)	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
32	Panic attacks	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
HAVE YOU EVER HAD ANY OF THE FOLLOWING?		
33	Tuberculosis	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
34	Epilepsy or seizures	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
35	Hepatitis B or C	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
<b>C COMMENTS</b>		
If you answered <i>Yes</i> to any question above, list the question number and describe below. Describe any other medical issue not addressed above.		

## Section 4 – DECLARATION AND CHECKLIST

### A DECLARATION

**Privacy:** The training collects and stores information from this form to comply with the requirements of the government.

By signing this application you authorise such disclosure on the understanding that the FTTL will observe the general conditions governing the release of information, as set out in the Data Protection Act 1998. You may see any information held about you and amend any errors in that information. To do so, contact the registrar.

**Declaration:** I declare that to the best of my knowledge all the information supplied on, and with, this application form is true and complete. I consent to the disclosure of personal information as described above.

\_\_\_\_\_ 
       
  
*Signature*

### B FINAL CHECKLIST

1. Ensure all sections of the application have been filled out completely. Yes   
*Incomplete applications may be returned to you to be completed.*
  
2. Make sure you have attached:
  - a. A copy of your passport photo page, and visa page if applicable. Yes
  - b. A copy of your university diploma/educational certificate. Yes
  - c. Any relevant medical documents. Yes
  
3. Post the application to mailing address below. Yes
  
4. Verify that the Elder’s Recommendation has been submitted by the elder Yes

*You will be notified by email if your application has been accepted.*

**Mailing Address:** FTTL  
 BOWER HOUSE  
 ORANGE TREE HILL  
 ROMFORD, ESSEX  
 RM4 1PB  
 UK

### FOR OFFICE USE ONLY

Form Received

Approval Signature \_\_\_\_\_ Date