

FULL-TIME TRAINING IN MALABON

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Email: office@fttmalabon.org | Website: fttmalabon.org

TRAINING ADVISORY

TO ALL CHURCHES:

DATE: October 24, 2025

This is to announce that the Full-time Training in Malabon is now accepting application to the **79th term** of the full-time training that will start on **February 2, 2026**. In this regard, please be guided with the following qualifications and requirements listed below for your prospect trainees.

Only qualified and prepared trainees will be accepted on a first-come-first-served basis. Those with lacking qualifications need not apply. Applications received late will be wait-listed, their acceptance depending on the availability of vacant slots.

We strongly request the elders and co-workers to give specific attention in reviewing the qualifications and preparedness of their applicants. You may request from FTT-Malabon Office the Guidelines for Interviewing Full-time Training Applicants. Please take time to read this material and use this as a guide for answering the questions in the Elder's recommendation.

The BIBLE READING REQUIREMENT must be completed before applying to the training. Applicants who are less than 4 years in the church life are required to finish at least the entire New Testament text. Those who have not completed Bible reading requirement need not apply.

The training coordinators can decline admission of an applicant who does not qualify for the training, even after the final interview.

All applicants must maintain available means for contact by the training serving ones for the processing of their application. All accepted trainees must be ready to report to the training center on February 1, 2026, 3:00 pm.

I. QUALIFICATIONS AND REQUIREMENTS FOR TRAINING:

General Qualifications for full-time trainees

1. Already saved, baptized, and regularly attending church meetings in the past 1 year
2. Single, between 20 and 40 years of age
3. College or university graduate with a bachelor's degree (4-year course or equivalent)
4. Should have finished reading the entire Bible (text) at least once.
5. Can read, write and speak in the English language
6. Absolute for Christ and the church
7. Having a desire to learn and willing to obey and be trained

8. Physically and psychologically fit
9. No criminal records and no history of drug abuse or addiction in the last 2 years
10. No vices of smoking, gambling or drinking for at least 1 year

II. TRAINING APPLICATION:

- › Training application documents can be obtained from the Registration Office of the training center by request, or downloaded from fttmalabon.org/apply.
- a. **Application Form, Assessment Questionnaire and Medical Questionnaire** must be received by the training center not later than **November 30, 2025**.
- b. The training applicant must write a **personal consecration letter** to be submitted together with the application documents.
- c. **Elders' Recommendation** using the prescribed form must be submitted not later than **December 15, 2025**.
- d. For the purpose of medical assessment, applicants must submit laboratory test results for CBC and urinalysis (not taken before November 30, 2025, and chest X-ray (not taken before July 1, 2025) on **December 15, 2025**.
- › **Applicants from abroad** must also submit on or before **November 30, 2025** the following requirements, as applicable:
 - a. Applicants from countries with an FTT center must submit a letter of recommendation and approval from the FTT center stating that they are allowed and qualified to join the FTT-Malabon.
 - b. Applicants who have joined the full-time training **from other FTT centers** must also secure a letter of commendation from the previous FTT center attended, including a concise evaluation of the applicant's performance in the training, as well as a list of classes taken.
 - c. Applicants from non-English speaking countries must undergo a phone/online interview for evaluation of English proficiency during the application process. Please provide sufficient contact information for this purpose.
- › Procedures for application are outlined in the attached **Application Guidelines**.
- › For inquiries and clarifications, please contact us at cellphone number **0950 374 2408**; you may also send an email to application@fttmalabon.org; or you may visit our website at fttmalabon.org.

III. APPLICATION REVIEW

- › All training applications are reviewed and screened. Please submit the application documents **on time** so that review for the applicants from your localities can be made promptly.
- › For this purpose, please refer to the **Guidelines for Interviewing Full-time Training Applicants**. It may be requested by the elders or co-workers from the training office through email.
- › The elders/responsible ones in the churches are responsible for screening their applicants so that they meet the training requirements and be guided in their preparation.
 - a. If the applicant is **in a relationship** with the opposite sex, please indicate this information on the elder's recommendation, and supply the relevant information concerning this matter. This is a serious matter in the training. (Please refer to item 7 on

the Consecration Agreement. Visit <https://fttmalabon.org/apply/prepare>.)

- b. Please make sure that the applicant has **no serious illnesses, contagious diseases or physical handicaps** that may temporarily or permanently disqualify his/her admission to the training.
- c. Inform the training center of any history of **mental illness, nervous breakdown, serious emotional instability** or any other **psychological problem** that may need special attention during the training.
- › Trainers or other serving ones may contact the applicant, the shepherd and/or elders for further fellowship and clarification. Please fill out the necessary **contact information** asked in the application documents.

IV. APPLICABLE FEES AND OTHER EXPENSES.

A. Trainees from the Philippines:

- › All trainees from the Philippines shall submit a donation fee of PHP 8,000 per person per term.

B. Trainees from Abroad:

- › Registration Fee for trainees from abroad is USD 1000 per person per term.

C. Other expenses:

- › Trainees must purchase their own copy of the training outline, books for personal study and pursuit, including a regular subscription to the Holy Word for Morning Revival.
- › Trainees must purchase 1-2 sets of uniform working clothes, and 1 set of standard-issue linens and beddings for personal use. (For cost, see separate list of Things to Bring, or contact the training office for details.)

D. Mode of payment:

- › Payments can be deposited in the following accounts:

PESO ACCOUNT	US DOLLAR ACCOUNT
<i>Acct. Name:</i> FTTM (Full Time Truth Ministry) Inc.	<i>Acct. Name / Beneficiary:</i> The Church in Malabon, Inc.
<i>Acct. No.:</i> 464-7-46490615-7	<i>Acct. No.:</i> 464-2-46400074-1
<i>Bank:</i> Metrobank	<i>Bank:</i> Metropolitan Bank and Trust Co. (Metrobank)
<i>Branch:</i> Concepcion, Malabon	<i>Branch:</i> Concepcion, Malabon
	<i>SWIFT</i> MBTCPHMM
	<i>Code:</i>
	<i>Beneficiary's address:</i> 19 Liwayway St., Acacia, Malabon, Metro Manila 1474
	<i>Bank address:</i> 286 Gen. Luna St., Concepcion, Malabon, Metro Manila

- › In case of bank deposit/transfer the payer shall pay for the bank charges such that the net amount indicated above shall be received in the FTTMa.
- › When a deposit is made, please inform the FTTMa office of the payment by email. Please include in the email the names of the trainees paid for, and attach a scanned copy of the deposit slip.

FTT—MALABON APPLICATION GUIDELINES

79th Term Start: February 2, 2026

(New Trainees must arrive at the training center by Lord's Day, February 1, 2026, 3:00pm.)

1. All training applicants are expected to have had substantial **fellowship with the elders** of their locality concerning their desire to join the training. The sending local church bears the joint responsibility together with the training for the effective work of the Lord on the trainee.
2. Make sure that all **application documents** are prepared. These are comprised of the Application Form (labeled **AF**), Applicant Assessment Questionnaire (labeled **AQ**), Medical Form (labeled **MQ1 & MQ2**), Elders' Recommendation (labeled **ER**).
3. Fill out the **Application Form (AF)**, **Applicant Assessment Questionnaire (AQ)**, and **Medical Questionnaire (MQ1 and MQ2)**. These forms must be sent to FTTMa on or before **November 30, 2025**. Be sure to keep your own copy of this form as the elders or other serving ones may need to review this for their reference.
4. The training applicant must make and sign a **personal consecration letter**. This must be legibly written in English on a sheet of bond paper, at least 500 words in length and not exceeding only one page. This must be submitted on or before **November 30, 2025**.
5. The elders of the sending locality must fill out the **Elders' Recommendation (ER)**. This must be sent to FTTMa on or before **December 15, 2025**. We suggest that you follow the guidelines for interviewing applicant trainees. The guidelines and the application form can be requested from the training office.
6. The applicant must undergo laboratory tests for **CBC, urinalysis** and **chest x-ray** taken by a registered medical laboratory. CBC and urinalysis must not be taken before November 30, 2025, while chest x-ray must not be taken before July, 2025. The results must be submitted not later than **December 15, 2025**. The x-ray film must be brought by the trainee during check-in for the final medical assessment. If the results indicate any contagious disease, infection, pulmonary illness, or other medical concerns, please have the applicant complete the proper medication before check-in.
7. **Late registration.** Application requirements submitted after the deadline are considered late and will NOT be prioritized for evaluation. We will NOT ACCEPT applications after December 30, 2025. The set deadlines are summarized below:

DEADLINE	REQUIREMENT
November 30, 2025	Application Form (AF)
	Applicant Assessment Questionnaire (AQ)
	Personal consecration letter
	Medical Questionnaire (MQ1, MQ2)
December 15, 2025	Elder's Recommendation (ER) and other applicable recommendation letters
December 15, 2025	Chest X-ray result reading Please keep the x-ray film for final medical check-up
	CBC and Urinalysis results Not taken before November 30, 2025
Upon check-in February 1, 2026, before 3:00pm.	Chest X-ray film
	Applicable training fees No registration fee upon check-in, no admission
	Any photocopy of Diploma, Transcript of Records, or other similar school record

Electronic copies of accomplished forms (preferably scanned JPG image or PDF documents) may be emailed to: **application@fttmalabon.org**

*Note: To avoid loss of applications documents sent via email, please indicate the name of the applicant on the email subject (e.g. "**Application of bro. Juan dela Cruz**"). Also, kindly change the file names of individual documents to indicate the name of the applicant and the label of the specific document (e.g.: "**Juan dela Cruz-MQ1.jpg**" for the first page medical questionnaire, instead of the default "scan001.jpg").*

9. Applicants from **other countries with an FTT center** must also submit a letter of recommendation and approval from the FTT center that they are allowed and qualified to join the FTTMa.
10. Applicants who have joined the full-time training from other FTT centers must also secure a letter of recommendation from the previous FTT center attended, including a concise evaluation of the applicant's performance in the training, as well as a list of classes taken.

11. Applicants from non-English speaking countries must undergo a phone/online interview for evaluation of English proficiency during the application process. Please provide sufficient contact information for this purpose.
12. Please purchase your flight tickets only after your admission is confirmed by communication from the training. To facilitate the processing of your application, please make sure that your requirements are complete and on time.
13. **Communication.** Applicants will receive communication by phone or email as soon as their application forms are processed by the training office. If you do not receive any communication after one week from the deadline, please contact the training center for confirmation and follow up.
14. **Walk-in applicants are not allowed.** All applicants must submit their application forms by ahead and before given deadlines.
15. **Check-in.** New trainees must check in at the training center not later than 3:00 pm on February 1, 2026 to complete the check-in procedure on time. The first training session will start on February 2, 2026. We advise new trainees traveling from far areas or arriving by plane to arrive at least a day early.
16. **Late Check-in.** Qualified pre-registrants who cannot check in on time because of necessary important matters must send a letter of explanation/request for reconsideration written and signed by the applicant, noted by the elders, and submitted together with the application requirements.
17. The training center reserves the right to approve late check-ins and does not guarantee the admission of latecomers.
18. Pre-registered trainees who do not arrive on the check-in date without advanced notice of late check-in will forfeit their slot which may be given to other trainees. Their admission will not be guaranteed.
19. Inquiries concerning training application may be made via email, or by contacting the following numbers:
 - Bro. Andy Catindig **0933 352 3463**
 - FTTM Registration Office **0950 347 2408** (*cellular, office hours only*)

APPLICATION FOR THE FULL-TIME TRAINING IN MALABON

AF

79th term
Deadline:
Nov. 30, 2025

Fill in all the applicable information in the space provided. Check (✓) the boxes of your answer.

PERSONAL INFORMATION				APPLICATION TYPE	
Name	Passport name	Family Name	Given Name	Middle Name	New applicant <input type="checkbox"/> FT1 <input type="checkbox"/> from other FTT I plan to finish 2 years <input type="checkbox"/>
	English name				
Gender:	<input type="checkbox"/> Bro <input type="checkbox"/> Sis	Marital Status:	Birth date: MM ____/DD ____/YY ____	Age:	Returning trainee <input type="checkbox"/> FT2 <input type="checkbox"/> FT3 <input type="checkbox"/> FT4 If not in training last term Term last in training: ____ Reason for discontinuation: ____
HOME ADDRESS	House no., Street, Subd./Brgy./Dist.				Guest Trainee <input type="checkbox"/> Start of stay: ____ End of stay: ____ Purpose: ____
City/Town:	Province:				
Region:	Country:	Home phone:			
Email:	Cell phone:				
Nationality:	Languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese Other: ____				
ENGLISH ABILITY	The training is conducted in English. Do you anticipate having any difficulty with comprehension, speaking, prophesying, spiritual terminology, etc. in English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION	Highest Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> University/College <input type="checkbox"/> Graduate School				
School/College/University:					
Degree/Course(Major):	Year graduated:				
OCCUPATION	Position:	Start of employment:			
Employer:	End of employment:				
Technical, occupational and other special skills:					

Date saved:	Date baptized:	Date came into the church:
Locality where you first contacted the church:		Who brought you to the church?
How many times have you finished reading the Old Testament? ____		How many times have you finished reading the New Testament? ____
Present services in the church: <input type="checkbox"/> Children <input type="checkbox"/> YP <input type="checkbox"/> LTM <input type="checkbox"/> Levitical: ____ <input type="checkbox"/> Other: ____		
Previous services in the church: <input type="checkbox"/> Children <input type="checkbox"/> YP <input type="checkbox"/> LTM <input type="checkbox"/> Levitical: ____ <input type="checkbox"/> Other: ____		
Previous trainings: <input type="checkbox"/> Nazarite <input type="checkbox"/> PTO <input type="checkbox"/> MAT <input type="checkbox"/> Other FTT: ____		Start: ____ End: ____

You will be supported financially by: <input type="checkbox"/> Yourself <input type="checkbox"/> Church <input type="checkbox"/> Family/Relatives <input type="checkbox"/> Other: ____		
Please make sure that you can fulfill the financial obligations for your training. REGISTRATION FEE MUST BE PAID UPON CHECK-IN.		
Emergency contact person (name):	Relationship to applicant:	Phone:
Sending local church:	Church phone:	Church e-mail:
Contact person in local church (name):	Phone:	E-mail:
All accepted trainees must check-in on or before February 1, 2026, 3p.m..		I hereby certify that the above information are true and correct.
Expected date of check-in at training center:		Applicant's signature: ____ Date: ____

Please read carefully the letter of instruction and submit a copy of this form to the elders for their fellowship, recommendation and mailing. Please make sure that you have completed and attached the accomplished Applicant Assessment and Health Questionnaire.

Do not write in the box below. (FTTMa office use only)

Date received:	MEDICAL EXAM	PAYMENT	PRELIMINARY INTERVIEW	FINAL INTERVIEW	ACTION
<input type="checkbox"/> AQ <input type="checkbox"/> CL <input type="checkbox"/> ER <input type="checkbox"/> MQ <input type="checkbox"/> XR <input type="checkbox"/> CB <input type="checkbox"/> UA Others: ____ Date completed: ____	Examined by:	Date received:	Interviewed by:	Interviewed by:	<input type="checkbox"/> Admitted
	Date: ____	Received by:	Date: ____	Date: ____	<input type="checkbox"/> Conditional
Checked by: ____ Date: ____ <input type="checkbox"/> Called Date: ____	Remarks:	Remarks:	Remarks:	Remarks:	<input type="checkbox"/> Denied
					<input type="checkbox"/> Withdrawn
Application review remarks:			Other admission remarks:		
Reviewed by: ____			Check-in date: ____		

FTT APPLICANT ASSESSMENT QUESTIONNAIRE

AQ 79th term
Deadline:
Nov. 30, 2025

Name _____ Locality _____ Applying for: ☐ FTT ☐ Guest

The training requires that full-time trainees be single and aged between 20 to 40 years old.

Age: _____ Marital status: ☐ Single ☐ Engaged ☐ Married ☐ Widowed No. of children: _____

The training requires that full-time trainees have completed higher/tertiary education.

Highest educational attainment: ☐ Doctoral ☐ Master's ☐ Bachelor's ☐ Vocational ☐ College level ☐ HS Year graduated: _____

The training requires that trainees have regular and substantial participation in the church life prior to joining the training.

When were you saved? _____ Date Baptized: _____ When did you come to the church? _____
Who brought you to the church? Name _____ Relationship to you: _____
Briefly tell us how you came to the church. _____
Briefly describe your present participation in the church life and church services. _____
How many persons have you led to the Lord? _____ How many persons have you shepherded? _____

The training requires that trainees be absolute for Christ and the church.

Have you read the entire Old Testament? ☐ No ☐ Yes ☐ w/ footnotes Have you read the entire New Testament? ☐ No ☐ Yes ☐ w/ footnotes
Which of the following ministry books have you finished reading? ☐ The All-inclusive Christ ☐ The Economy of God
☐ Young People's Training ☐ Basic Lessons on Life ☐ A Young Man in God's Plan ☐ A Brief Presentation of the Lord's Recovery
☐ The Basic Revelation in the Holy Scriptures ☐ Character ☐ The Glorious Church ☐ Character of the Lord's Worker
What is your vision concerning Christ and the church? _____
Briefly describe your fellowship with the Lord and your prayer life. _____

The training requires that trainees have the desire to learn, to obey and to be trained.

Why do you want to join the training? _____
What do you expect to gain in the training? _____
What do you plan to do after the training? ☐ Full-time service ☐ Job/Career/Business ☐ Further studies ☐ Other: _____
Are you open and willing to be corrected? ☐ Yes ☐ No Are you willing to be restricted in your living? ☐ Yes ☐ No
Are you willing to obey without any opinion? ☐ Yes ☐ No Are you willing to serve and live together with others? ☐ Yes ☐ No
Are you willing to study and learn the truths? ☐ Yes ☐ No Are you willing to be sent out to preach the gospel? ☐ Yes ☐ No

The training requires that trainees be physically fit and whole, and be mentally sound and alert.

What diseases, disabilities or physical handicaps do you have? _____
What mental or psychological problems have you encountered? _____

The training requires that the trainees be absolutely consecrated during the whole duration of the training.

Does any occupation, enterprise or responsibility require your attention during your training period? ☐ Yes ☐ No
If yes, specify: ☐ Education ☐ Career ☐ Business ☐ Family Others: _____
How long is your consecration for the training? ☐ 2 years to complete the full-time training ☐ One year only ☐ One term only
☐ I have the desire to finish 2 years but my situation does not allow ☐ I am not sure if I really want to complete the full-time training

Please give us your contact information so that we can immediately contact you concerning your training application.

Landline no: _____ Cell phone no: _____ E-mail: _____
Viber: _____ Other (indicate platform): _____

Trainee's signature over printed name: _____ Date filled up: _____

To be accomplished by the applicant's shepherds & elders of the sending church

ELDERS' RECOMMENDATION FOR FTT-MALABON

ER

79th term
Deadline:
Dec. 15, 2025

Applicant's Name _____ Applicant's Locality (Locality, Prov.): _____

We ask for the elders' review of the applicant's vision and participation in the service and burden of the church. In the past, many trainees have begun the training with very little knowledge of its rules and constraints. There is a need to have a thorough fellowship with your candidate trainee and accomplish this **written recommendation**. It is important for us to know your candidate to help us better serve him/her in the training. Your responses will not be used to exclude this candidate from the training. Additional points for fellowship may be written in a separate sheet and attached.

Please answer the following questions based on your personal knowledge of your candidate trainee:

1. Describe the applicant's participation in the church life and the church meetings within the last year.
2. What is/are his/her service(s) in the church?
3. What are his/her positive contributions to the church life and church services?
4. What problems has he/she encountered in the church life and service?
5. What is his/her attitude concerning the receiving of fellowship?
6. Briefly describe his/her outstanding character traits?
7. Give us a brief background of the candidate's family life, as well his/her family's participation in the church life.
8. Other important points for fellowship concerning the applicant:

Please rate your candidate by encircling the number in a scale of 1 (POOR) to 5 (GOOD) on the following aspects:

9. Candidate's participation in the church during the past year:	Seldom attends; little interest; only recently has had a turn. ▶ 1 2 3 4 5 ◀ Serving the church; imparts life; serves actively.
10. Candidates knowledge of the truth:	Has not read the Bible through; has little understanding of the basic truths. ▶ 1 2 3 4 5 ◀ Has displayed a strong knowledge of the Bible and the basic truths.
11. Candidate's ability to work together with others:	A loner; often argues and fights with others; insists on his/her own way. ▶ 1 2 3 4 5 ◀ Works well with others; respects others both older and younger.
12. Candidate's work ethic:	Lacks goals; avoids work. ▶ 1 2 3 4 5 ◀ Very accomplished; responsible; trustworthy.

Fill in all the applicable information in the space provided. Check (✓) the boxes of your answer.

13. Is this candidate in the midst of a relationship with someone of the opposite sex? <input type="checkbox"/> Yes <input type="checkbox"/> No (This is an important information.) a. If yes, please describe: _____ b. The training requires the full attention of the trainees. Courting is prohibited. Contacts and communication for personal reasons are restricted to minimum. "Non-serious" relationships should be terminated. Is the candidate aware of these training rules, and that serious violation of such could lead to dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. The full-time training is conducted in English. Do you anticipate the candidate having any difficulties with comprehension, speaking, prophesying with spiritual terminology, etc. in English? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. The trainee will be supported financially by: <input type="checkbox"/> Himself/herself <input type="checkbox"/> Church <input type="checkbox"/> Family/relatives <input type="checkbox"/> Other: _____
16. The trainee's personal emergency & medical expenses will be shouldered by: <input type="checkbox"/> Church <input type="checkbox"/> Family/relatives <input type="checkbox"/> Other: _____

Please make sure that the trainee can fulfill the financial obligations for the training. REGISTRATION FEE MUST BE PAID UPON CHECK-IN.

Please indicate the name and contact information of the saint(s) who shepherded him/her in the church.

Shepherd/s of the candidate: _____	Mobile Number: _____		
Elders' signatures (At least two elders) ▶	Signature over printed name Phone No: _____	Signature over printed name Phone No: _____	Signature over printed name Phone No: _____

MEDICAL QUESTIONNAIRE AND PHYSICAL EXAMINATION FORM

MQ1 79th term
Deadline:
Nov. 30, 2025
1 of 2 pages

Fill in all the applicable information in the space provided. Check (✓) the boxes of your answer.

PERSONAL INFORMATION				APPLICATION TYPE			
Complete Name <small>Family Name Given Name Middle Name</small>				New applicant <input type="checkbox"/> FT1 <input type="checkbox"/> from other FTT <i>I plan to finish 2 years</i> <input type="checkbox"/>			
Locality:		Birth place:				Birth date: MM / DD / YY	
Gender: <input type="checkbox"/> Bro <input type="checkbox"/> Sis		Marital Status:				No. of children:	
Age:							
HOME ADDRESS <small>House no., Street, Brgy./Subd./Dist.</small>				Returning trainee <input type="checkbox"/> FT2 <input type="checkbox"/> FT3 <input type="checkbox"/> FT4 <i>If not in training last term:</i> Term last in training: _____ Reason for discontinuation: _____			
City/Town:		Province:					
Region:		Country:				Nationality:	
Home phone:		Cellular phone:					
EDUCATION Highest Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> University/College <input type="checkbox"/> Graduate School							
School/College/University:							
Degree/Course(Major):		Year graduated:					
OCCUPATION Position:		Start of employment:					
Employer:		End of employment:					
Date baptized:		Place of baptism:		Date came into the church:			

EMERGENCY CONTACT INFORMATION		
Name of person to be notified in case of emergency:	Relationship:	Contact number(s):
Contact person in your church:	Contact number(s):	Church phone number(s):
In case of illness or emergency, your medical needs will be supported by: <input type="checkbox"/> Yourself <input type="checkbox"/> Church <input type="checkbox"/> Family/Relatives <input type="checkbox"/> Other: _____		

SPECIFIC ALLERGIES	Food:
	Drugs:
Current medications:	

Please answer the questionnaire in the next page.

I hereby certify that all information given are true and correct.

Applicant's Signature: _____ Date: _____

You are also required to submit CBC, Urinalysis, Chest X-ray results.

Do not write in the box below. (FTTMA Medical Department use only)

PHYSICAL EXAMINATION				
Weight:	Height:	BMI:	Classification:	
VITAL SIGNS	BP:	T:	HR:	RR:
HEENT and Skin:				
Chest and Lungs:			Heart:	
Abdomen:			Extremities:	
Remarks:				
Recommendations:				
ACTION <input type="checkbox"/> Admit <input type="checkbox"/> Conditional admission <input type="checkbox"/> Decline admission <input type="checkbox"/> Pending further examination, follow-up on: _____				
Admission remarks:				
Date Examined: _____				
_____ Physician (Signature over printed name)				

Name: _____ Locality: _____
Concisely fill up ALL information required. Check (✓) the boxes of your answer.

Have you been to a physician for check-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Date: _____	Complaint/Diagnosis: _____	Treatment: _____
		2. Date: _____	Complaint/Diagnosis: _____	Treatment: _____
		3. Date: _____	Complaint/Diagnosis: _____	Treatment: _____
Have you been taking medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify: _____		
Have you been away from school or work for more than a week because of illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____		
Have you been hospitalized for any illness or operation/surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Date: _____	Illness/Treatment/Surgery: _____	
		2. Date: _____	Illness/Treatment/Surgery: _____	
Immunization/vaccination done in the last 5 years:				
Have you had your chest x-ray taken in the last 2 years? (Not including the present requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?: _____	Why?: _____	
		Result: _____		
Have you been diagnosed with Pulmonary Tuberculosis (TB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?: _____		
		Have you completed a 6-month medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been tested for Hepatitis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When?: _____	Result: _____	
Have you had any laboratory test? (Not including the present requirements)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Date: _____	Test: _____	Result: _____
		2. Date: _____	Test: _____	Result: _____
		3. Date: _____	Test: _____	Result: _____
Which of the following do you have a history? (Check all that apply)				
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Leprosy	<input type="checkbox"/> Tonsillitis/Pharyngitis	<input type="checkbox"/> Kidney stones
<input type="checkbox"/> SARS	<input type="checkbox"/> Typhoid fever	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Peptic ulcer/Hyperacidity	<input type="checkbox"/> Urinary tract infection /UTI
<input type="checkbox"/> Influenza	<input type="checkbox"/> Malaria	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dengue	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> German measles	<input type="checkbox"/> Amoebiasis	<input type="checkbox"/> Eczema/Skin disease	<input type="checkbox"/> Gall bladder stones	<input type="checkbox"/> Scoliosis
				<input type="checkbox"/> Nervous breakdown
				<input type="checkbox"/> Epilepsy
				<input type="checkbox"/> Arthritis
				<input type="checkbox"/> Rheumatism
				<input type="checkbox"/> Rheumatic fever
Specify treatments received: _____				
Which of the following do you frequently experience? (Check all that apply)				
<input type="checkbox"/> Headache	<input type="checkbox"/> Toothache	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Constipation	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Nose bleeding	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Painful urination
<input type="checkbox"/> Blurring of vision	<input type="checkbox"/> Gum bleeding	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Depression	<input type="checkbox"/> Frequent urination
<input type="checkbox"/> Stuffy or runny nose	<input type="checkbox"/> Ear ache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Bloody urine
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Cough	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Bloody stool
				<input type="checkbox"/> Sleepiness
Do you have problems sleeping at night?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe: _____		
Do you have problems sleeping in a room with more than two (2) people?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe: _____		
Do you have any fear or phobia?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specify: <input type="checkbox"/> Crowd <input type="checkbox"/> Height <input type="checkbox"/> Other: _____		
Have you experienced anxiety attacks or hyperventilation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many times have these happened? : _____		
Have you been or treated for mental illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When?: _____	Reason: _____	
Have you been wearing eyeglasses or contact lens?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since when? _____	Indicate grade: Left _____ Right _____	
Which among these physical exercises can you tolerate? <input type="checkbox"/> Running <input type="checkbox"/> Jogging <input type="checkbox"/> Walking				
Which diseases are found among family members? Indicate who have them (include grandparents and parents' siblings)	<input type="checkbox"/> Hypertension: _____	<input type="checkbox"/> Asthma: _____		
	<input type="checkbox"/> Diabetes: _____	<input type="checkbox"/> Tuberculosis: _____		
	<input type="checkbox"/> Cancer: _____	<input type="checkbox"/> Other: Specify disease _____		
Have you been drinking alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since when?: _____	Until when?: _____	
Have you been smoking cigarettes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since when?: _____	Until when?: _____	
Have you been taking prohibited drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Since when?: _____	Until when?: _____	
S I O N T L E Y S	Is your menstruation regular?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was your last menstrual period? _____	
	Do you have pains during menstrual period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have vaginal discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you examine your breasts regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you noticed any growth in your breasts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you had a pap smear?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Result: _____	
	Have you had transvaginal/transrectal ultrasound?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Result: _____	

You are also required to submit CBC, Urinalysis, Chest X-ray results.

THINGS TO BRING TO THE TRAINING

<p style="text-align: center;">TRAINING MATERIALS</p> <ol style="list-style-type: none"> 1. Bible (Old and New Testament, hard copy required) 2. Hymns (hard copy required) 3. Notebooks and Pens 4. Life Lessons (4 Volumes) 5. 1 Smartphone/tablet/laptop for study only (laptops are deposited in the training when not in use, and usage is allowed only on a case-to-case basis.) *Only one gadget (smartphone/tablet is allowed during the training.) 	<p style="text-align: center;">APPLICATION REQUIREMENTS UPON CHECK-IN</p> <ol style="list-style-type: none"> 1. Valid I.D. w/ photo 2. 2 copies of 1x1 picture 3. Chest X-ray film and result. No X-ray, no admission 4. Photocopy of school credentials
CLOTHING	
Brothers	Sisters
Training Uniform	
<ol style="list-style-type: none"> 1. 3-5 pcs Plain white long-sleeved button-down polo 2. 3-5 pcs Undershirt, sando or T-shirt (must be plain white) 3. 3-5 pcs Dark-colored formal slacks (tight-fitting slacks are not permitted) 4. 1-2 pcs Dark-colored necktie 5. 1 pc Leather belt with a simple buckle (must be black) 6. 1 Pair of leather shoes (must be solid black and of a conservative style) 7. 5-7 pairs of socks (must be black and of medium length) 	<ol style="list-style-type: none"> 1. 3-5 pcs Plain white long-sleeved button-down blouse (collars should close at the neck) 2. 3-5 pcs Sando (spaghetti strap sando and sando with holes are not allowed) 3. 3-5 pcs Dark-colored skirts, A-line cut, no side slits and front slits, length should be at least 4 inches below the knee when sitting. 4. 1-2 pcs bowties 5. 1 pc head covering 6. 1 Pair of closed leather shoes (must be solid black and of a conservative style; the heels should be no more than 2 inches high) 7. 5-7 pairs of black foot socks
Gospel Attire	
<ol style="list-style-type: none"> 1. 2-3 pcs Plain white short-sleeved button-down shirt 2. 3-5 pcs Polo shirt (of any color except black) 3. 1 Pair of black sneakers or plastic shoes (must be solid black, black sole, and of a conservative style; can also be used for working and exercise activities; optional) 	<ol style="list-style-type: none"> 1. 2-3 pcs White short-sleeved button-down blouse 2. 3-5 pcs Blouses or button-down polo with moderate-sized collar (sleeves should be at least 1/2 of the length of the upper arm, of any color except black) 3. 1 Pair of black flat, casual shoes 4. 2-3 Pairs of black socks
Other Garments	
<ol style="list-style-type: none"> 1. 5-7 sets of underwear 2. 3-4 sets of sleepwear (Light-colored shirts without secular wording, shorts must be knee-level or pajamas) 3. 2-3 pcs Jogging pants (black, dark gray, or dark blue; optional) 4. 1 pc Jacket or sweater without hoods and patterns or monograms (must be solid black and dark blue) 	<ol style="list-style-type: none"> 1. 5-7 sets of underwear 2. 3-4 sets of sleepwear (Light-colored shirts without secular wording, pajama) 3. 2-3 pcs Jogging pants (black, dark gray, or dark blue; optional) 4. 1 pc Jacket or sweater without hoods and patterns or monograms (must be solid black and dark blue)
WORKING AND EXERCISE UNIFORM (Brothers and Sisters)	
<ol style="list-style-type: none"> 1. Uniform shirt and jogging pants set, purchased at Php 610 per set upon arrival (A trainee may need more than 1 set for daily use) 2. 1 Pair of sneakers or rubber shoes. (Any color without worldly pattern and not loud colors) 	
<p style="text-align: center;">PERSONAL NECESSITIES (Brothers and Sisters)</p> <ol style="list-style-type: none"> 1. 3-5 pcs Handkerchiefs or face towels (optional) 2. 1-2 pcs Bath towels 3. 1 pc Blanket (optional) 4. 1 Pair of slippers 5. Personal medical needs (such as an inhaler, hot and cold compresses for sisters, if needed) 6. Soap, shampoo, toothbrush, toothpaste, shaver, nail cutter, etc. 7. 1 Phone for call and text (optional) 8. All electronics are subject to strict limitations and must be deposited upon check-in. 9. 1 pc Session bag 10. 1 pc Propagation bag 11. 1 pc spoon case, spoon, and fork 12. 1 pc Medium-sized luggage measures 25-26" tall and around 18" wide. 	<p style="text-align: center;">EXPECTED EXPENSES</p> <ol style="list-style-type: none"> 1. Applicable Registration fee (see advisory for amount) 2. Uniform working clothes (Polo shirt - Php330 & jogging pants - Php280) 3. Regular order for Holy Word for Morning Revival 4. Training outlines (FT1 - Php295, FT2 - Php75, FT3 - Php 300) 5. Prayer notebook (Php40) 6. Bed linens (bedsheet & pillow cases - Php450 & blanket - Php200) <i>Trainees are required to pay upon check-in.</i> 7. Medicines and other medical expenses (face mask) 8. Additional personal items: (Drinking Tumbler, etc.)

THINGS NOT TO BE BROUGHT TO THE TRAINING CENTER:

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|---|---|---|
| <ol style="list-style-type: none"> 1. Cameras 2. Secular reading materials (except dictionaries or relevant educational references) 3. Jewelry 4. A large amount of money 5. Perfume | <ol style="list-style-type: none"> 6. Clothing with spaghetti straps 7. Tank tops 8. Shorts (for sisters only) 9. All denim material, including colored denim 10. Tight clothing (includes blouses, shirts, skirts, pants, and slacks) 11. Clothing with sheer see-through material | <ol style="list-style-type: none"> 12. Short skirts (skirts must extend 4 inches below the knee when seated) 13. Leggings that extend below the knee 14. Shoes with heels more than 2 inches high. |
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