# PILAT Course Application Form

**Personal Information**

Name: _____ M/F: ____

Name of your language: _____

Province: _____

Year of birth: _____

Church denomination: _____

**Contact Information**

Mobile*: _____

Email*: _____

Radio Call Sign*: _____

\* provide at least one way we can contact you

**Course and Payment Information**

Name of the course you want to attend: _____

Why do you need this training course? _____

How will you pay for the course?       Cash  /  SIL or BTA Account  /  NTEF       _____

SIL or BTA Account Number (if applicable): _____

Which courses have you already attended? _____

**Education**

What is your last grade in the PNG Educational System?

- Name of School / College / University: _____

- Last grade completed:       Grade: _____       BA in: _____       MA in: _____

- Year of graduation: _____

Other Bible School/College Training: _____

Your English speaking and understanding is:       Poor     /     okay     /     good       _____

Your Tok Pisin speaking and understanding is:       Poor     /     okay     /     good       _____

**Work Experience**

Are you a pastor?                    Yes     /     No                    _____

Are you involved in Bible Translation?     Yes     /     No                    _____

- if yes, in what role? _____

- if yes, what year did you start? _____

What other responsibilities have you had in your community? _____

**Other Information**

Do you have computing skills?                    Yes     /     No                    _____

Can you bring a laptop computer to the course? Yes     /     No                    _____

Do you have a Paratext Registration?          Yes     /     No                    _____

**Date**: _____

**Your Signature**: _____

**~~ Please turn to the back side of this Application Form ~~**

**Reference Person**

Please ask a pastor or church official to approve this application.

1. **Name of Pastor or Official**: _____    **Job**: _____

   **Mobile**: _____

   **Signature**: _____

If you are an SIL or BTA member, please also ask approval from SIL / BTA leadership.

2. **SIL/BTA Member**: _____    **Organisation**: _____

   **Signature**: _____

## Mail this application to:

**SIL PNG, Academic Training Department**

**Attn: Office Administration**

**PO Box 1 (415)**

**Ukarumpa, EHP 444**

**Or email this application to: at-officeasst_png@sil.org.**