



Pacific Institute of Languages, Arts and Translation

Translators' Training Course – Personal Application

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 Information

Which TTC do you wish to attend: TTC1 / TTC2 / TTC3 / TTC4: _____

Have you attended TTC before? (Yes/No) _____ Where? _____ When? _____

If yes, which chapters have you translated for your village assignment? _____

Do you wish to attend English enrichment, 1 week prior to TTC? (Yes/No) _____

What other courses have you attended? Fill in below.

<i>Name of the course</i>	<i>Where</i>	<i>When</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Information

How will payment be made? Cash / SIL account / BTA / NTEF / other _____

SIL account number and name (if applicable): _____

Note: If an NTEF scholarship is granted, the language team is expected to raise K 100 per week of training as proof of community support. This payment must be submitted before attending class.

Educational Background

What is your highest completed grade? Grade: _____ BA in: _____ MA in: _____

Name of the school from which you graduated: _____

Year of graduation: _____

Other Bible School / College Training: _____

Your English speaking and understanding is: poor / ok / good _____

Your Tok Pisin speaking and understanding is: poor / ok / good _____

Work Experience

Are you a pastor? (Yes/No) _____
Are you already involved in Bible Translation? (Yes/No) _____
If yes, in what role? _____
If yes, what year did you start? _____
If no, are you planning to be involved? (Yes/No) _____
What other responsibilities do you have in your community? _____

Information about Translation

Is there a translation committee in your language community which oversees the translation? _____
Which denominations are active in your language area? _____
Are you able and willing to work with people from these churches? (Yes/No) _____
Are you working within a translation team? (Yes/No) _____
Who are the team members? _____
How will the committee and the churches help you and your team? _____

Which books of the NT have been drafted? _____

Which books of the OT have been drafted? _____

Which of these books have been consultant checked? _____

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) _____

	<i>Date</i>	<i>Signature</i>
Signature Applicant:	_____	_____
Signature BTA / SIL leadership:	_____	_____

Please submit a church reference with this application.

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