

**The Revd doc Dr Parush R Parushev**  
Academic Dean  
IBTS  
Nad Habrovkou 3  
16400 Praha 6  
CZECH REPUBLIC

## **ACADEMIC YEAR 2011/2012**

Dear Applicant,

Thank you for your interest in the Certificate in Applied Theology Programme at the International Baptist Theological Seminary.

We strive to offer students a high standard of instruction, equipping them to serve God in their own context and to be relevant to the needs of the particular country they represent.

It is important to us that each person who comes here to study does so with the full encouragement of their own Baptist Union or Convention and that it is clear there is an identifiable task for them in their own country to which they can return.

Enclosed you will find an application package and a description of the CAT Programme which we offer. If you have any questions or would like clarification regarding the materials you have received, please contact the Academic Registrar at the address above or by e-mail [registrar@ibts.eu](mailto:registrar@ibts.eu)

Yours sincerely,

Dr Parush R Parushev  
Academic Dean

# CAT PROGRAMME

## SHORT INTRODUCTION

The purpose of the CAT programme is to train women and men for various local church ministries. It takes up the task of training lay leaders that was established by the International Baptist Lay Academy in Hungary. The programme has a Course Leader appointed by the Rector from the IBTS Academic staff. The programme offers following modules:

Name of module	Contact hours	Credits*
Biblical Hermeneutics	20	2
OT Survey	20	2
NT Survey	20	2
Church History survey	20	2
Baptist/Anabaptist studies	20	2
Christian Spirituality	20	2
Theology Studies	40	4
Church and Creation Care	20	2
Christian Worship: Baptist Vision and Practice	20	2
Baptist Identity	40	4
Introduction to Mission & Evangelism	20	2
Communication skills	20	2
Youth Ministry and the Local Church	20	2
English	250	
Extra Curricular learning activities	200	
<b>Total:</b>	<b>750</b>	<b>30</b>

\* European Credit Transfer System (ECTS)

The CAT programme is a nine-month residential programme which offers intensive English language training as well as a balanced amount of teaching in theology and church practice. The CAT programme is particularly suitable for students who have already had some Bible schooling or are engaged in practical church ministry.

We are able to accept a maximum of 18 students (MAXIMUM OF TWO STUDENTS FROM ONE UNION). Students who apply for the CAT programme may also apply for scholarship. The scholarship package, if granted, covers part of tuition, housing and boarding, and includes a requirement to take part in a campus work-study programme consisting of 10 hours of work per week.

# APPLICATION INSTRUCTION

Enclosed are the documents required for application and information about the CAT Programme. All application documents listed below must be completely filled out and received by the Academic Registrar by 1 April, if you wish to begin your studies in September. This is to enable Visa procedures to be put in place.

- **THE APPLICATION FOR ADMISSION**

- **THE HEALTH EXAMINATION REPORT**

This form should be completed by an examining physician and mailed by the physician directly to the Academic Registrar at IBTS.

- **TWO REFERENCE LETTERS**

completed by an officer of your Baptist Union and the pastor of your local church. If they do not speak English we would also accept references in another language. Please have all persons post the reference letters to the Academic Registrar at IBTS.

- **EVIDENCE OF ENGLISH COMPETENCE**

**ALL APPLICANTS** except native English speakers must provide evidence that they are capable to speak English at least on lower intermediate level.

**PLEASE SEND ALL APPLICATION DOCUMENTS TO:**

IBTS  
ACADEMIC REGISTRAR  
NAD HABROVKOU 3  
164 00 PRAHA 6  
CZECH REPUBLIC

[registrar@ibts.eu](mailto:registrar@ibts.eu)

**ATTENTION:** APPLICATIONS CANNOT BE FINALLY PROCESSED UNTIL ALL FORMS, RECOMMENDATIONS AND WRITTEN STATEMENTS OF THE APPLICANT'S ENGLISH LANGUAGE ABILITY ARE RECEIVED BY THE ACADEMIC REGISTRAR AT IBTS.

# APPLICATION FOR ADMISSION

Please use a typewriter if possible; otherwise print clearly in block letters. If questions do not apply your situation, please write "N/A" (not applicable) in the space provided.

## Personal Information

Surname:	First name:
Address:	
Telephone:	Fax:
E-mail:	
Date of birth:	Gender:
Place of Birth:	
Present Citizenship:	Occupation:
Place of Employment:	For how long?
Spouse's Complete Name at Birth:	
Spouse's Citizenship:	
Spouse's Occupation:	
Spouse's Date of birth:	Date of Marriage:

## Church Information

Church Name:	
Street:	Number:
City/Town:	Postal Code:
Country:	Pastor's Name:
Does your Union/Convention/Denomination have a partner Union/Convention/Mission Agency?	
Which is it?	

## Educational History

Have you previously applied to the International Baptist Theological Seminary in either Rüşchlikon or Prague?

If yes, when?

Have you done any **THEOLOGICAL STUDIES** at another institution?

If yes, please provide the following information:

Name and Location of Institution (No Abbreviations)	Degree/Date	Subject(s)	Years of Study From - to

## Languages Studied

List other below languages you speak or have studied:

Language	

## Financial Support

How much are *you* able to provide for your support at International Baptist Theological Seminary? There is a minimum contribution requirement of Kc 35,000 for CAT course.

US \$ per month:	EURO per month:
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How much is *your church* willing to provide to support you at International Baptist Theological Seminary?

US \$ per month:	EURO per month:
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How much are *your friends and others* willing to provide for your support at International Baptist Theological Seminary?

US \$ per month:	EURO per month:
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Do you intend to apply for the Seminary's scholarship/work grant programme (information enclosed)?

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**Other relevant information:**

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**Information on References**

Enclosed with these application documents are two “Letters of Reference” that you are to give to the three individuals specified in the *Application Instructions*. Please list below the two persons you have asked to complete the reference form.

The forms should be sent directly by those persons to the Academic Registrar at IBTS.

	Name	Position/Title	Address
Union Officer:			
Church Pastor:			

**Information required for Visa Application**

Passport number:	Date of Issue:
Issuing Country:	Date of Expiry:

**Emergency Information**

Person to notify in emergency:	
Relationship to you:	
Address:	
Telephone:	Fax:

## **Personal Statements**

**Please comment on the formative influences and events in your life, including conversion, which led you into Christian service and relate your experience in Christian service.**

**Please state your reasons for desiring to study at IBTS and your plans for the future, including your goals for ministry.**

**Are you intending to return to service in your own country after study at IBTS? If not, what are your intentions? (Please note that IBTS is concerned to train primarily those who wish to serve in Europe and the Middle East)**

## Certification

I understand that I have to take financial responsibility for my visa and travel costs.

I understand I have to contribute a minimum of Kc 35,000 towards the cost of the programme.

I understand that the full-time students on scholarship, which includes work-study grant, will be required to work on various jobs around the campus for 10 hours a week.

I understand that if I do not return to my country after my time at IBTS, I am likely to be requested to pay the total scholarship money back.

I agree to abide by the standards of conduct appropriate to my Christian calling.

I certify that all the information provided with this application is true and voluntarily given, and I give my permission for this information to be used by the International Baptist Theological Seminary for the purpose of considering admission, academic information and record keeping.

Signature:	Date:
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### All the required documents have to be sent to:

IBTS  
Academic Registrar  
Nad Habrovkou 3  
164 00 Praha 6  
CZECH REPUBLIC

**NOTE:** THIS APPLICATION IS NOT COMPLETE UNTIL THE ACADEMIC REGISTRAR HAS RECEIVED ALL THE NECESSARY INFORMATION. NO ADMISSION DECISION WILL BE MADE WITHOUT ALL THE NECESSARY INFORMATION.

# LETTER OF REFERENCE

Name of Applicant:

The above named person has made application for admission to IBTS and has requested that you serve as a reference. When completing this form, please use a typewriter if possible; otherwise, print clearly **in English**. Upon completion, please mail the form directly to: Academic Registrar at IBTS, Nad Habrovkou 3, 164 00 Prague 6, Czech Republic. IBTS appreciates your willingness to evaluate **confidentially** this applicant. This reference is confidential and will not be seen by anyone other than the Admissions Committee.

**How long and in what capacity have you known the applicant?**

**Are you completing this reference as the applicant's:**

pastor  
 officer of national Baptist union

**Please rate the applicant in comparison with others of similar age and position:**

	Superior	Excellent	Above Average	Average	Below Average	No basis for judgement
Ability in oral expression						
Ability in written expression						
Intellectual competence						
Commitment to Christ and the church						
Sense of purpose						
Perseverance in achieving goals						
Emotional maturity						
Self-discipline and initiative						
Imagination and probable creativity						
Effectiveness in working with others						
Social sensitivity						
Past performance as a leader						
Potential as a leader						
Integrity/character						

*On the reverse side of this form, the Seminary would appreciate a statement from you concerning the applicant.* Please evaluate the applicant's reasons for undertaking theological study, ability for critical thinking, personal character, and potential for the ministry. Frank statements are desired regarding the applicant's strengths and limitations and their probable effect on success in vocation and academic pursuits.

Signature and Title:	Date:
Printed Name and Address:	

1. Please evaluate the applicant's reasons for undertaking theological study as well as his/her ability for critical thinking and coping with the academic requirements in general.

2. Please assess the applicant's strengths and limitations and their probable effect on success in the CAT Programme.

3. Please evaluate the applicant's personal character and his/her potential for ministry.

4. Please describe the applicant's probable role in ministry after completion of his/her studies and your (you individually or your organisation's /church's) ministerial commitment to this student.

(Please continue on additional sheet if necessary)

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Name of Applicant:

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1. Please evaluate the applicant's reasons for undertaking theological study as well as his/her ability for critical thinking and coping with the academic requirements in general.

2. Please assess the applicant's strengths and limitations and their probable effect on success in the CAT Programme.

3. Please evaluate the applicant's personal character and his/her potential for ministry.

4. Please describe the applicant's probable role in ministry after completion of his/her studies and your (you individually or your organisation's /church's) ministerial commitment to this student.

(Please continue on additional sheet if necessary)

# HEALTH EXAMINATION REPORT

Applicant's Full Name:

Please have your doctor answer the following questions, based on a current physical examination. The form must be mailed directly by the doctor to: Academic Registrar, IBTS, Nad Habrovkou 3, 164 00 Prague 6, Czech Republic. **IMPORTANT: Parts A and B of this form are to be filled out by the applicant. In order to be valid, Part C of this form must be completed and signed by an examining doctor.**

## To the Doctor:

Please ensure this form is completed as fully as possible and sign and stamp the form at the end. If you are aware of any other medical information not included on this form which may be important, please include it below. Use the reverse side of this form if necessary.

# MEDICAL FORM

This part to be completed by the Applicant (sections A and B)

## A

Surname:		First name:	
Former name:			
Address:			
Post Code:		Telephone:	
Date of birth:		Gender:	
Place of Birth:			
Marriage status:		Number of children:	
Temporary accommodation:			
Post Code:		Telephone:	
Previous educational institutions : student, school [address]			
Employed as a			
Name of		Occupation	Marriage status:
<b>Father</b>			
<b>Mother</b>			
Do they live together?			

## B

Has any close relative had any of the following illnesses? \*

	Father	Mother	Brother	Sister
Age:				
Healthy				

Indicate which, if any, of your close family members has suffered from the following. Circle relevant items and then mark family member at the side:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> heart problems	<input type="checkbox"/> stomach, duodenum	<input type="checkbox"/> bowels, liver
<input type="checkbox"/> gall, kidneys	<input type="checkbox"/> knuckles	<input type="checkbox"/> spine, neural	<input type="checkbox"/> system
<input type="checkbox"/> doses [epilepsy]	<input type="checkbox"/> tumours [cancer]	<input type="checkbox"/> TBC	<input type="checkbox"/> obesity
<input type="checkbox"/> diabetes	<input type="checkbox"/> rash	<input type="checkbox"/> eczema	<input type="checkbox"/> allergy
<input type="checkbox"/> mental alcoholism	<input type="checkbox"/> drug addict	<input type="checkbox"/> injury	<input type="checkbox"/>

**Please answer yes or no to these questions:**

<input type="checkbox"/>	Is your physical activity restricted?
<input type="checkbox"/>	Have you any disease or condition for which continuing medication or treatment is required?
<input type="checkbox"/>	Are you postponing any medical treatment?
<input type="checkbox"/>	Do you have an allergy, known sensitivity or intolerance?
<input type="checkbox"/>	Do you have any communicable disease?
<input type="checkbox"/>	Has treatment been received or recommended for nervous, psychiatric, or emotional problems?
<input type="checkbox"/>	Do you require special assistance because of a physical disability?
<input type="checkbox"/>	Are there health factors which would make it difficult for you to carry a full program of studies while at the seminary?
<input type="checkbox"/>	Are you or your spouse pregnant?
<input type="checkbox"/>	Does anybody in your family (wife, children) have any disease or condition for which continuing medication or treatment is required?

***This section to be completed in conjunction with a Medical Practitioner  
Please circle relevant items and state when the illness occurred:***

## C

**Student / spouse has had these illnesses:**

**Infectious diseases:**

<input type="checkbox"/> scarlatina	<input type="checkbox"/> measles	<input type="checkbox"/> chicken-pox	<input type="checkbox"/> whooping cough
<input type="checkbox"/> hepatitis	<input type="checkbox"/> TBC	<input type="checkbox"/> mononucleosa	
Other			

**Respiratory organs:**

<input type="checkbox"/> respiratory organs atharrs	<input type="checkbox"/> angina	<input type="checkbox"/> asthma
<input type="checkbox"/> frequent sinus infection	<input type="checkbox"/> frequent lungs infection	
<input type="checkbox"/> frequent windpipes infection	<input type="checkbox"/> tuberculosis	<input type="checkbox"/> hay fever
other:		

**Heart, blood-vessel and blood:**

<input type="checkbox"/> congenial heart defect	<input type="checkbox"/> anaemia	<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> high blood pressure
other:			

**Digestive organs:**

<input type="checkbox"/> frequent digestive problems	<input type="checkbox"/> qualm	<input type="checkbox"/> frequent diarrhoea	<input type="checkbox"/> ulceration
<input type="checkbox"/> liver problems	<input type="checkbox"/> gall problems	<input type="checkbox"/> pancreatic gland problems	<input type="checkbox"/> stoppage
other:			

**Urinary organs:**

<input type="checkbox"/> cystitis	<input type="checkbox"/> kidneys	<input type="checkbox"/> inflammation	
other:			

**Neural system:**

<input type="checkbox"/> injuries – brain	<input type="checkbox"/> night wetting	<input type="checkbox"/> unconscious states
<input type="checkbox"/> cramps	<input type="checkbox"/> spinal cord and neural inflammation	
cured at neural department for:		

**Endocrinus:**

<input type="checkbox"/> diabetes	<input type="checkbox"/> obesity	other:
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**Optical:**

<input type="checkbox"/> dim sight	<input type="checkbox"/> wearing glasses	other:
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**Auricular:**

<input type="checkbox"/> hearing restriction	<input type="checkbox"/> frequent tympanitis	<input type="checkbox"/> tympanum perforation	<input type="checkbox"/> balance problems
other:			

**Skin problems:**

<input type="checkbox"/> tetter	<input type="checkbox"/> [nettle-rash]	<input type="checkbox"/> frequent eczema	<input type="checkbox"/> skin mould
other:			

**Allergies to**

reaction to medicine, other agents:
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**Venereal:**

which diseases:
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**Gynaecology:**

<input type="checkbox"/> period disorders	<input type="checkbox"/> flux	<input type="checkbox"/> other
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***SPECIAL WARNING NOTE: CURRENT RESTRICTIONS ON HEALTH INSURANCE FOR FOREIGNERS IN THE CZECH REPUBLIC MAKE IT VERY DIFFICULT FOR ADEQUATE HEALTH INSURANCE COVER TO BE PROVIDED FOR PREGNANCY AND FOR POST-NATAL CARE. IBTS CANNOT CURRENTLY ACCEPT FOREIGN NATIONAL STUDENTS OR SPOUSES OF STUDENTS SEEKING TO BECOME PREGNANT DURING THE PERIOD OF STUDY***

**Mental: difficulties**

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> drug addiction	
other mental diseases:		
<input type="checkbox"/> Have you ever been cured	<input type="checkbox"/> had record at psychiatric department	<input type="checkbox"/> medical institution

**Skeleton and thews:**

<input type="checkbox"/> Knuckle inflammation	<input type="checkbox"/> marrow inflammation	<input type="checkbox"/> arthritis	<input type="checkbox"/> vicious poise
<input type="checkbox"/> spinal column	<input type="checkbox"/> deformation	<input type="checkbox"/> backache	
other:			

**Fractures:**

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**Other injuries:**

--

**Surgery:**

--

**Serum application:**

--

**Cancer**

--

**Other than the mentioned diseases:**

--

I do have a complication

**Vaccination:**

<input type="checkbox"/> tetanus[last vaccination] when
other:

The student weighs	kg,	is tall	cm	is he/she smoking
sporting		How many per day		In team

Date:	Student signature:

**CERTIFICATION TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER AND SIGNED AND STAMPED**

I have examined the Student / spouse  and confirm that the student/ spouse is in sufficient good health to proceed to study at IBTS, Prague and should be able to qualify for normal health insurance without restriction **OR** The Student is sufficiently fit to study at IBTS Prague, but subject to the following health restrictions (please list):

Signature of doctor:

Name of doctor:	
Qualifications:	
Address:	
Official stamp:	

# CERTIFICATE IN APPLIED THEOLOGY

## STUDENT RATES

### (RESIDENTIAL AND NON-RESIDENTIAL STUDY)

The following table provides a cost structure according to the 2011/2012 academic year. Please take a careful look at it to see what financial responsibilities you have, if you are paying in full or receive some scholarship. If you apply for a full scholarship outside of IBTS, you should send this information to your Union, or the supporting organisation or group. If you are accepted to our residential scholarship programme, you will be asked to financially contribute toward the cost of your programme with a minimum payment of 35,000 Czech Crowns.

#### CAT STUDENT Cost structure (in Czech Crowns) <sup>1</sup>

Different cost items	Basic costs	Additional costs
Registration with IBTS fee	4,000	
Visa (Schengen)	5,000	
Accommodation in G Building	66,000	
Food via Fusion (lunch Monday – Friday)	30,000 <sup>2</sup>	
Work Scholarship		25,000 <sup>3</sup>
Tuition costs at IBTS	100,000	
Mini Library		20,000 <sup>4</sup>
Sub-total for nine months CAT study	<b>205,000</b>	<b>45,000</b>
<b>TOTAL:</b>		<b>250,000</b>

The Seminary reserves the right to adjust these rates as necessary.

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<sup>1</sup> **ALL** students of IBTS receive a tuition scholarship of something like CZK 300,000 against Tuition costs (assuming real cost per student to be c 500,000). This is regardless of who they are and what they pay.

<sup>2</sup> MEALS FOR NON-RESIDENTIAL CAT STUDENTS: If the student does not regularly have his/her meals at IBTS and only periodically uses Fusion services, the following costs are involved for the individual meals: Breakfast 120,-Kč and Lunch 120,-Kč (including main course and soup). Residential students provide their own breakfast. Lunch is normally available from Monday to Friday.

<sup>3</sup> This is the cost for each student on scholarship, to provide opportunity to work on IBTS campus.

<sup>4</sup> This is an approximate amount for the literature that you will be using, including IBTS library, etc.

# INFORMATION ON VISA PROCEDURE

According to the Czech law, all foreign students (apart from EU citizens) should apply for a visa at the Czech Embassy/Consulate in their native country. CAT students should apply for a long-term visa that is usually valid for a maximum period of 6 months. This visa will be renewed during the academic year here in the Czech Republic.

When applying from most countries you will need the following documents:

- Valid international passport. The passport must be valid for a longer period than the visa (i.e. 3 months beyond the expiry date of the visa).
- Application form
- Two-passport size photos - the official dimensions are 35 x 45 mm in the Czech Republic.
- Complex health insurance issued by a Czech insurance company. It must cover the whole period of visa validity.
- Criminal History Record from your home country translated into Czech – translation must be notarised and done by a professional translator. Be sure to follow the correct legal procedure in your country (the translation of the criminal record must usually include an apostille or super legalisation. For more information contact the Czech Embassy).
- Documents provided by IBTS:
  - Study and accommodation confirmation
  - IBTS business record, IBTS land registry record
- Marriage certificate translated into Czech, if applicable

Before applying for visa, please contact the IBTS Administrator at [administrator@ibts.eu](mailto:administrator@ibts.eu) for further information.

Please keep in mind that the requirements for Long-Term Residence Permit might vary from one country to another. We strongly advise you to first consult the Czech Embassy in your country about the requirements before beginning the process of applying. This process needs to be started well in advance of your coming to the Czech Republic - minimum 3 months in advance is recommended.

The Czech Embassy/Consulate will charge a certain fee for the entire procedure.