

Dear student !!

Greetings in the mighty name of our Lord and Savior, Jesus Christ!

Congratulations on taking this bold and faith-filled step to join **New Life Bible Center (School of Ministry)**. You are most welcome to this life-transforming journey, where you will gain a deeper understanding of God, the importance of the Fivefold Ministry, and how to serve effectively in ministry with confidence and boldness.

This program is operated by **The Norbert and Friends Missions** as part of the broader vision of the **New Life Apostolic Network**, based in Norway. Through this partnership, we are committed to equipping passionate believers like you for effective service within the Body of Christ.

The training program runs for a period of **6 to 12 months**. During your studies, each student will be provided with books and a variety of teaching materials by **Apostle Arild Teikari**, all available in the English language, to support and strengthen your learning experience.

Upon successful completion of the program, we look forward to partnering with you in advancing the mission and outreach of **The Norbert and Friends Missions** and the **New Life Apostolic Network**, both in your local area and beyond.

You are encouraged to visit the official website of the **New Life Apostolic Network** for more information:

<http://new-life.one>

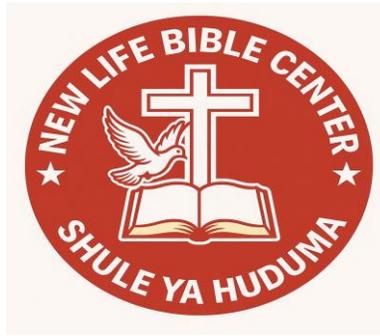
Once again, we warmly welcome you. Be encouraged, remain joyful, and embrace this exciting journey of growth, discovery, and spiritual impact.

Welcome to the family!

Blessings

A handwritten signature in blue ink, appearing to read "Dr. Norbert", is written over a large, faint watermark of the New Life Bible Center logo.

Dr. Norbert E. Mbwiliza
Chairman



STUDENT REGISTRATION FORM

1. Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: Male Female
- Marital Status: Single Married Other: _____
- Nationality: _____

2. Contact Information

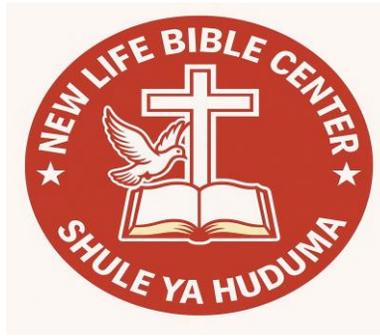
- Phone Number: _____
- WhatsApp Number: _____
- Email Address: _____
- Physical Address: _____

3. Church & Ministry Information

- Name of Church / Ministry: _____
- Denomination: _____
- Pastor's Name: _____
- Your Current Role in Church (if any): _____

4. Educational Background

- Highest Level of Education Completed: _____
- Any Theological Training? Yes No
If yes, please specify: _____



5. Program Applying For

: _____
: _____

6. Language Preference

English Swahili Both

7. Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____

8. Volunteer Commitment (Norbert and Friends Missions)

Are you willing to volunteer and participate in the outreach, missions, and programs of **The Norbert and Friends Missions**?

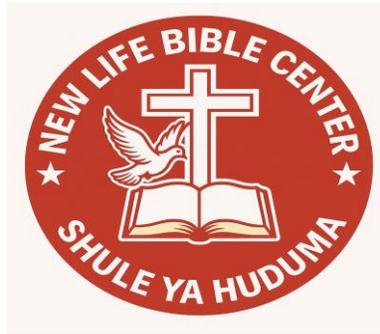
- Yes, I am willing to volunteer
 No, not at this time

If **Yes**, please indicate areas of interest (tick all that apply):

- Evangelism & Outreach
 Discipleship & Teaching
 Media & Communications
 Community Service
 Administration & Support
 Other: _____

Availability:

- Full-time Part-time Occasional / As Needed



9. Declaration

I declare that the information provided above is true and complete. I agree to abide by the guidelines of the School of Ministry and commit myself to completing the training faithfully.

- Signature: _____
- Date: _____

10. Submission Instructions

Upon completion of this form, please submit it to the following contacts:

Pastor Osmund Grodeland
African Field Coordinator

- WhatsApp: +47 916 10 164
- Email: osmund.grodeland@new-life.one

Apostle Arild Teikari

- Phone / WhatsApp: +47 981 26 111
- Email: arild.teikari@nyttliv.one

Dr. Norbert E. Mbwiliza

- WhatsApp: +255 621 072 783
- Email: norbertprojects@gmail.com

Mr Glorencia Kaloza –Program Partnership Supervisor (volunteer)

E-mail (glorencialoza@gmail.com)