



STUDENT DATA SHEET

SECTION A: STUDENT INFORMATION

FULL NAME: _____

PHONE NUMBER: _____ SEX: _____ AGE: _____

ADDRESS: _____

Are you born again? YES [☐] NO [☐] Have you been baptized? YES [☐] NO [☐]

Have you received the baptism of the Holy Spirit? YES [☐] NO [☐]

Are you a member of this Church? YES [☐] NO [☐]

NAME OF YOUR CHURCH: _____

NAME OF ZONAL PASTOR: _____

HOW DID YOU KNOW ABOUT CIPHD? _____

PURPOSE FOR DELIVERANCE: *(Why did you enrol for a deliverance session?)* _____

BRIEF HISTORY: *(Give a short description of your situation/experience)* _____

INTERVIEWED BY: _____

TRANSFERRED TO CLASS: YES [☐] NO [☐]

DATE: _____

SECTION B: CLASS DETAILS

RESOURCES ASSIGNED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

CLASS TEST SCORE: _____ **COMMENT:** _____

CIPHD REPRESENTATIVE'S NAME: _____

SIGNATURE: _____ **DATE:** _____

SECTION C: COUNSELLING REPORT

COUNSELLOR'S NAME: _____

REPORT: _____

SIGNATURE: _____ **DATE OF COUNSELLING:** _____