

VERIFICATION FORM

** To be submitted by the Dgroup Leader after the training.*

Last Name: _____ First Name: _____ Middle Initial: _____

Mobile Number: _____ Email: _____

Dgroup Leader: _____ Area Pastor: _____

GLC LEVEL COMPLETED IN SMALL GROUP:

(Please select one)

GLC1 ESSENTIALS

- Book 1: One by One
- Book 2: Spiritual Disciplines
- Book 3: Galatians or Book 3: The Holy Spirit
- Book 4: CCF DNA
- True Life Retreat

GLC2 ESSENTIALS

- Book 5: Starting Point for Small Groups
- Book 6: Basic Doctrines
- Book 7: Family Life
- Survey of the Bible

GLC3 LEAD

- The Multiplier
- Reliability of the Bible
- Leadership Skills for Small Group Leaders
- Spiritual Warfare
- Hermeneutics
- Leadership Culture of CCF

The following are the members of my Dgroup who finished the GLC in Small Group Training:

** Note: include your name if you took this training with them.*

DGROUP MEMBERS			CHECK IF ACCOMPLISHED	
	LAST NAME	FIRST NAME	GLC LIFE APP	GLC SURVEY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

GLC Privacy Information Agreement:
 The information collected and stored will be used solely for the purpose of GLC which is not limited to check in and registration during related event and activities. Changes will only be made upon collection of updates by GLC and/or the request of the participant. Any and all disposal of data will be carried out securely and within the timeframe provided by CCF. Information stored in a Third Party Database System is subject to the Privacy Policy of CCF. The participant waives any and all liability upon the disclosure of personal data to CCF.



I confirm and verify that the people above have completed the said modules in our Dgroup.

Dgroup Leader's Signature over Printed Name / Date