

Application Form

Today's date	:	

	:
Full name	:
Identity number	:
Date of Birth	: Age :
Permanent postal address	:
E-mail address	:
Cell no	:
Tel no	: Paste
Sex	. Male Female
Citizenship	: RSA Other: ID Photo
Church Membership (name)	
Marital status	: Never Married Divorced Divorced
	: Engaged
Present occupation	: Scholar
	Apprentice Technikon student Teacher's training
F 1 ('C 1' 11)	Other:
Employer (if applicable)	:
Name of contact	: Tel :
o. Information concer	rning guardians / parents / spouse etc.
	Initial :
Title :	IIICIAC •
Surname :	
Surname : Relationship (Father, foster	parents, wife etc.)
Surname : Relationship (Father, foster Tel (H) :	parents, wife etc.) : Tel (W) :
Surname : Relationship (Father, foster Tel (H) : Street Address :	r parents, wife etc.) : Tel (W) :
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation :	r parents, wife etc.) : Tel (W) :
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation : Organisation :	r parents, wife etc.) : Tel (W) :
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation : Organisation : Does your spouse intend to	join you on Kingdom Pioneers : Yes \(\text{No} \)
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation : Organisation :	join you on Kingdom Pioneers : Yes \(\text{No} \) Name : \((Age :
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation : Organisation : Does your spouse intend to	Tel (W) : No No (Age : (Age :
Surname : Relationship (Father, foster Tel (H) : Street Address : Occupation : Organisation : Does your spouse intend to	join you on Kingdom Pioneers : Yes \(\text{No} \) Name : \((Age :



B. Educational information

Tertiary education

cution	Student number		Degree / Diploma		Date completed
versity, college,	(at institution)	(eg. 1999-03)	(eg. BSc, Hon)	(Yes or No)	(eg. 25.11.04)
nikon, etc.)					
Last school at: Highest standa Postal address Tel number Language abil Home language	ard passed, and y s of school lity	year : : :	ccording to , reading writing		
Language	Read	ding	Writing	Speaking	
	ciency n you play a musi l instrument/s ca		nt : Yes : : :	No 🗆	



C: Christian experience

Of which church or fellowship are you a member? Name:	
Postal address :	
Code :	
Tel number: Pastor's name:	
How long have you attended this church? :	
What church responsibilities have you fulfilled in the past?	(eg. Cell group leader):
Please give details of any previous Christian training you ha	ve experienced :
Give a brief description of your conversion, and your currer	nt relationship with God :
Explain why you believe you should participate in Kingdom	Pioneers:

Please could you ask the pastor in your current church with whom you have the closest association, to please write a letter of introduction for you. It must be sent to: Kingdom Pioneer staff, El Shaddai Christian Chruch, P.O.Box 1172, Durbanville, 7551.



D: General information

Rate your present state of health on a scale of 1 - 5 (1-excellent / 5 poor	⁻)	:	_
If you are currently using medication, please state what it is, and for wh	at pu	rpose you a	re using it -
			-
Rate your fitness ability on a scale 1 - 5 (1-excellent / 5 poor)		:	_
Have you been involved in any occult practices (astrology, karate etc.)?			
If so, please state which ones :			
Have you been involved in lesbian or homosexual relationships?	:	Yes 🗌	No 🗌
Drug or alcohol addiction?	:	Yes 🗌	No 🗌
Do you smoke?	:	Yes 🗌	No 🗌
Do you drink alcoholic beverages?	:	Yes 🗌	No 🗌
Have you ever suffered from mental illness or depression?	:	Yes 🗌	No 🗌
If, for any question, you have answered 'yes', please give more details	:		_
			- - -
Do you have enough finances to support you during your course?	:	Yes 🗌	No 🗌
If not, how do you intend providing your fees? :			
Do you have any financial debt?	:	Yes 🗌	No 🗌
If yes, how do you intend paying it back?			
			-



E: Confidential references

Please give the details of any two people with whom you have a longstanding association. Please ensure that these people will mail these forms directly to 'Kingdom Pioneers'.

Name	: _			
Relationship to you	: _			
Postal address				
			Code:	
Tel: (H)		(W)	(Cell)	
Name	: _			
Relationship to you				
Postal address				
			Code :	
Tel: (H)		(W)	(Cell)	

F. Procedure

- 1. Please complete ALL the questions
- 2. Applicants will only be considered when the following have been received:
 - application forms with ID photo
 - your pastors letter of introduction
 - · your confidential references
- 3. A non-refundable application fee of R500 is payable at the time of application.
- 4. Acceptance to the Kingdom Pioneer training is dependent on a prayeful consideration of each applicant by the leaders of the El Shaddai Christian Church.
- 5. Applicants will be notified by the El Shaddai Christian church of the outcome of their application.



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	ke and agree to the following	(Full names and surnam	e of student) declare
 a) To ab b) To ac applic c) If I ar Kingd d) To pa e) I exer perior f) That 	vide by the rules and regulations equaint myself with the rules and cable to the students and course in accepted, I agree to cheerful flom pioneers programme for the by in full all monies for boarding mpt the El Shaddai Christian Ched of study. I am (i) capable to enter this ag	s of El Shaddai Christian Church and the 'A d regulations thereof, as well as the chan	ges thereto, which might d the full schedule of the year of training. In this is agreement with the gestion of this agreement with
_	re of student owing need only be complete	ed if the applicant is under 21 years o	
The foll	owing need only be complete	ed if the applicant is under 21 years o	fage :
The foll I / We, ID numb	owing need only be complete	ed if the applicant is under 21 years o (parent / , declare, agree and undertake:	guardian / spouse)
The foll I / We, ID numb	owing need only be completed on the	(parent /	f age : guardian / spouse)
The foll I / We, ID numb a) That b) That	owing need only be completed on the	, declare, agree and undertake:	f age : guardian / spouse)
The foll I / We, ID numb a) That b) That Signatur	owing need only be completed over: cause (e) above is correct. I agree to pay the course and be over of student return this form in an enveloping dom Pioneers staff, El Sha		f age : guardian / spouse) is course.

Yes 🗌 No 🔲

Application fee paid

Accepted

4.