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a RECENT
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APPLICATION FOR ADMISSION

Please indicate the academic program for which you are applying for admission

DIPLOMA in THEOLOGY

BACHELORS of THEOLOGY

A Personal Information

Full name(s) *(Only use names as on your Passport or ID document.)*

Surname Name(s)

Postal address _____
Street name & number or post office box

City or Town Postal Code

Telephone number (_____) _____
Code Number

Cell number (_____) _____
Code Number

E-mail: _____

Your Date of birth

D	D	M	M	Y	Y	Y	Y
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South African Applicant: National ID number _____
(Please attach a copy of the document to your application. Without it we will not be able to process your application.)

International Applicant: Passport Number _____
(Please attach a copy of the document to your application. Without it we will not be able to process your application.)

Of which country are you a citizen? _____

Your Marital status _____
Single/Married/Divorced/Widowed

If you are married, what is your wife's name? _____

Your wife's e-mail address _____

Have you ever been divorced? YES NO

If "yes", please attach a letter explaining the circumstances of your divorce.

Please list the names and ages of your children

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Your occupation _____

Your employer _____

Work address _____
Name of company/firm/business Street name & number or post office box

City/Town Postal Code

Work number (_____) _____

Code

Number

B Education

Name and address of PRIMARY school you attended _____

Name and address of SECONDARY school you attended _____

(Please attach a copy of your National Senior Certificate) _____

Highest educational level you have achieved _____

(Please attach your most recent certificates)

Home language _____

Other languages you are comfortable speaking _____

Can you speak ENGLISH:	Fluently	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you read ENGLISH:	Fluently	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you write ENGLISH:	Fluently	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	No	<input type="checkbox"/>

C Medical Information

How is your physical health? _____
Excellent/Good/Fair/Poor

Please describe any major health problems, accidents, serious illnesses, operations you have experienced _____

Your current Doctor's name _____

Doctor's contact number (_____) _____

Doctor's address _____

Name and details of hospital or clinic you usually go to for treatment

Name

Street address

City/Town

Postal Code

Hospital/Clinic contact number (_____) _____

D Spiritual Information

When did you become a believer? _____

Have you been baptized? _____

If "yes", when and at which church? _____
Date of Baptism

Name of church

E Church Information

Of which church are you a member? _____

How long have you been a member? _____

Does your church have a pastor? _____ His name _____

What, if any, positions of leadership have you held in your church? _____

Is your wife active in serving in the church? _____

In what ways? _____

Which church did you attend before you joined your current church?

How long did you attend there? _____

Are you now, or have you ever been, involved in an African Independent Church such as ZCC?

YES NO

F Calling

What is your giftedness?

In what capacity would you like to serve God (e.g. pastor, missionary, counseling, evangelism, church planting) _____

Why do you want to be in the ministry? _____

Does your church support your desire to enter full-time ministry? YES NO
Do your wife and family support your desire to enter full-time ministry? YES NO

G Character References

Enclosed with this application are character reference forms for your pastor (or church leader if your church has no pastor), for your employer and for your teacher. Please give them their form and ask them to answer the questions and return it to us.

Please give the names of those who will be providing your references

Pastor/Church leader _____
Name

_____ (_____) _____
Address Code Phone

Employer _____
Name

_____ (_____) _____
Address Code Phone

Teacher _____
Name

_____ (_____) _____
Address Code Phone

H Certification

Have you received and read a copy of our Statement of Faith? _____

Do you agree with it? _____ If not, in what area do you differ?

All the information I have provided in this application is true to the best of my knowledge.

Signature

Date

Please return this completed form to:
The Registrar
Christ Seminary
PO Box 857
Fauna Park
0787

This form can be downloaded from our website:
<http://christbaptistseminary.co.za/resources/>
Forward the completed form to us on:
christseminary@christbaptist.co.za

The completed documents can also be faxed to us on:
015 296-9959 or 086 560-5260