



application form FOR ADMISSION TO STUDY PROGRAMME

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

NAME OF APPLICANT: Surname (Family name) _____
 First names in full _____ What name are you known by? _____
 Maiden name (Married women) _____ **TITLE:** Mr Ms Mrs Miss Rev Dr Other _____

- Read **all** these instructions and the accompanying PROSPECTIVE STUDENT LETTER carefully **before** completing the rest of this APPLICATION FORM.
- The name DESTINY BIBLE COLLEGE is often abbreviated as DBC in these documents.
- Complete this form by **printing** in black pen or by typing. Insufficient or wrong information will delay application process. Ensure that all sections are filled out **completely**:
 - 1st Year (Certificate in Ministry) applicants must complete all sections.
 - 2nd Year (Diploma in Ministry) applicants and 3rd Year (Advanced Diploma in Ministry) applicants do not have to complete questions that are shaded in this format .
- If your **spouse** wants to study at DBC, he/she must complete his/her own APPLICATION FORM.
- Limit your remarks to the space provided, but answer all questions clearly and fully. Incomplete applications will not be processed. Should any answer require more space, use proper references and record additional information on the last page of this APPLICATION FORM. Where applicable, tick in the appropriate blocks .
- If a question does not apply to you, write N.A. (Not Applicable) in the space provided.
- Ensure that the **Legal Consent, Medical Consent, Personal Declaration and Enrollment Contract** on the second last page of this APPLICATION FORM are signed.
- The following must accompany your APPLICATION FORM:
 - The R100 application fee. **No** application will be considered without payment of this non-refundable fee, covering admin expenses. The application fee can be paid into the DBC bank account **only** if proof of payment (stating your full names and other details) is emailed or faxed to DBC. Our banking details are as follows:

Bank: Standard Bank - Florida Road	Account Holder: Destiny Bible College
Branch Code: 042726	Account Number: 051306360
 - A current ID photograph, head and shoulders close-up only. If posting the APPLICATION FORM, attach the photo to the form. If returning the APPLICATION FORM by fax, your photo needs to be posted or emailed to us, giving your full names. Do not use snapshots, photos with other people pictured with you or cut-away photos. If you do not send a photo, your student card photo (taken at registration, if you are accepted) will be used. An extra charge will be levied.
 - The completed ENROLLMENT CONTRACT on the second last page of this APPLICATION FORM.
 - The enclosed PASTOR'S RECOMMENDATION FORM. This confidential questionnaire will be for DBC use only. This form must be completed by your local church pastor and returned directly to DBC. First-time applicants must also attach a copy of their church's statement of faith to this form. This document is **important** for the processing of your application. This does not apply if you are a member of DESTINY HARVEST CENTRE (DHC). Your application **cannot be processed** until this form has been returned. Therefore, ask your pastor to complete and return this form **promptly**.
- Your application **can only** be processed if you have followed **all** the above instructions. DBC should be notified of any change of address or contact details after submission of your application. Should receipt of your application not be acknowledged within four weeks after mailing or submission, enquiry should be made.

FOR DBC USE ONLY

Study Programme	<input type="checkbox"/> 1st Year (Certificate) <input type="checkbox"/> 2nd Year (Diploma) <input type="checkbox"/> 3rd Year (Advanced Diploma)	
ITEM	DATE RECEIVED	CHECKED
Application Form		
Photograph		
Pastor's Recommendation		
Applicant's Signatures		
Application Fee: R100		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
ITEM	COMMENTS	
<input type="checkbox"/> Accepted <input type="checkbox"/> Provisionally Accepted		
<input type="checkbox"/> Interview Needed		
<input type="checkbox"/> Re-application Required <input type="checkbox"/> Unsuccessful		
ACTIVE	COMMENTS	
<input type="checkbox"/> Active		
<input type="checkbox"/> No Show		
<input type="checkbox"/> Suspended <input type="checkbox"/> Reinstated		
<input type="checkbox"/> Dropped out <input type="checkbox"/> Withdrawn <input type="checkbox"/> Excluded		
<input type="checkbox"/> Graduated		
<input type="checkbox"/> Bad Debt		

A. STUDY PROGRAMME

1. **HAVE YOU ALREADY SUCCESSFULLY COMPLETED ANY DBC STUDY PROGRAMME[S]?** Yes No

If Yes, which programme[s] and when? _____

Student N° when first enrolled: _____

2. **FOR WHICH CACE STUDY PROGRAMME[S] ARE YOU CURRENTLY APPLYING?**

STUDY PROGRAMME	STIPULATIONS
<input type="checkbox"/> 1st Year (Certificate in Ministry)	-
<input type="checkbox"/> 2nd Year (Diploma in Ministry)	(Applicant must have successfully completed 1st Year)
<input type="checkbox"/> 3rd Year (Advanced Diploma in Ministry)	(Applicant must have successfully completed 2 nd Year)

B. PERSONAL INFORMATION

1. **TELEPHONE NUMBERS:**

Home:	+27 Area Code (_____) _____	Work:	+27 Area Code (_____) _____
Fax:	+27 Area Code (_____) _____	Cellular:	+27 Area Code (_____) _____

2. **ADDRESSES**

E-mail:	_____
Residential:	_____
Postal:	Postal:Code:: _____

3. **BIRTH PLACE** City / Town: _____ Country: _____

BIRTH DATE: Day _____ Month _____ Year _____ **AGE:** _____ **GENDER:** Male Female

4. **NATIONALITY:** South African Other (Specify)*: _____

IDENTITY No: _____

* **PASSPORT No:** _____ * **HOME LANGUAGE:** _____

*If Foreign student: **STUDENT VISA:** Yes No

* A copy of your student visa will be requested for your final enrollment

5. **NEAREST RELATIVE (NOT SPOUSE) TO BE NOTIFIED IN CASE OF EMERGENCY:** _____
(This person must have a telephone)

Name:	_____	Relationship:	_____
Home:	+27 Area Code (_____) _____	Work:	+27 Area Code (_____) _____
Fax:	+27 Area Code (_____) _____	Cellular:	+27 Area Code (_____) _____
Residential Address	_____		

C. MARITAL STATUS INFORMATION

1. **CURRENT MARITAL STATUS:** Single Engaged Married (Legally) Married (Custom) Widow[er] Separated Divorced Remarried

2. **PERSONAL DATA OF SPOUSE / FIANCÉ[E]** Surname: _____ First name: _____

Birth date: Day _____ Month _____ Year _____ Age: _____ Country of birth: _____

Nationality: _____ Identity No: _____ Occupation: _____

3. **MARRIAGE DETAILS** **Date of marriage:** _____ **Place of marriage:** _____

Have you (or your spouse) been previously married? Yes No If Yes, complete details below:

SELF	How many times:	SPOUSE	How many times:
	Date of last marriage:		Date of last marriage:
	Date(s) of last divorce(s):		Date(s) of last divorce(s):

4. **SPIRITUAL DETAILS** Is your spouse a profession Christian? Yes No

5. **DBC STUDIES** Will your spouse be attending DBC? Yes No If Yes, which study programme? _____

Has your spouse previously attended DBC? Yes No If yes, which year did you spouse graduate? _____

Is your spouse in agreement that you attend DBC? Yes No If no, explain _____

D. SPIRITUAL DETAILS

1. **WERE YOU RAISED IN A CHRISTIAN HOME?** Yes No
2. **DO YOU BELIEVE IN JESUS AND HAVE YOU PROFESSED HIM AS YOUR SAVIOUR AND LORD (ROMANS 10:9,10)?** Yes No
 If Yes, briefly relate your experience (with place & date): _____
- HAVE YOU BEEN BAPTISED AS A BELIEVER BY IMMERSION IN WATER (MATTHEW 28:19)?** Yes No
 If Yes, when and where were you baptised in water? _____
- HAVE YOU BEEN BAPTISED IN THE HOLY SPIRIT (ACTS 2:4)?** Yes No
 If Yes, briefly relate your experience (with place & date): _____
3. **BASIC BELIEFS** Do you believe that the Bible is God's inspired Word and the only infallible guide in matters of conduct and doctrine? Yes No
 Do you believe in the Trinity; that God is one, but manifested in three persons: the Father, the Son and the Holy Spirit? Yes No
 Do you believe in the deity of Jesus Christ; that He is God made flesh and the only Mediator between God and man? Yes No

E. FINANCIAL & LEGAL FACTS

God is able to meet all the needs of all our students, but willingness and ability to fulfil financial responsibilities are vital for successful ministry. Some ministers with great potential have faltered, because of improper handling of finances, thereby bringing reproach to the kingdom of God. Thus, we desire all the financial information required below.

1. INDICATE HOW YOU PLAN TO PAY YOUR EXPENSES:

<input type="checkbox"/> SELF	<input type="checkbox"/> Current employment <input type="checkbox"/> Previous employment <input type="checkbox"/> Savings (Amount on deposit): R _____
<input type="checkbox"/> PARENT	Name of parent[s] / guardian: _____ State amount: R _____ Signature of parent / guardian: _____ Date: ____ / ____ / 20__
<input type="checkbox"/> SPONSOR	Name of sponsor: _____ State amount: R _____ Signature of sponsor: _____ Date: ____ / ____ / 20__ Postal Address of sponsor: _____ Code: _____ Email Address of sponsor: _____ Tel N°s Home: Int Code (____) Area Code (____) _____ Work: Int Code (____) Area Code (____) _____ Fax: Int Code (____) Area Code (____) _____ Cell: Int Code (____) Area Code (____) _____
<input type="checkbox"/> OTHER	Specify other means of payment: _____

2. HAVE YOU HAD ANY CIVIL / CRIMINAL PROCEEDINGS AGAINST YOU OR ARE THERE ANY CURRENT JUDGMENTS AGAINST YOU?

Yes No If Yes, explain (include charges / sentences): _____

F. CHURCH BACKGROUND

1. IN WHICH CHURCH / DENOMINATION DO YOU CONSIDER YOURSELF TO HAVE BEEN RAISED:

2. DETAILS OF LOCAL CHURCH WHICH YOU CURRENTLY ATTEND:

Church name: _____ Address of the church: _____

HOW LONG HAVE YOU BEEN ATTENDING THIS CHURCH? _____

WHICH CHURCH DID YOU ATTEND BEFORE? _____

3. WHAT CHURCH / MINISTRY ACTIVITIES ARE YOU PRESENTLY (OR WERE YOU FORMERLY) INVOLVED IN? (Tick ✓ F = Formerly, P = Presently):

- | | | | |
|---|--|---|---|
| F P
<input type="checkbox"/> <input type="checkbox"/> Teaching Ministry
<input type="checkbox"/> <input type="checkbox"/> Missionary Ministry
<input type="checkbox"/> <input type="checkbox"/> Evangelistic Work
<input type="checkbox"/> <input type="checkbox"/> Preaching Ministry
<input type="checkbox"/> <input type="checkbox"/> Street Ministry
<input type="checkbox"/> <input type="checkbox"/> Ministry to the Poor
<input type="checkbox"/> <input type="checkbox"/> Prison Ministry | F P
<input type="checkbox"/> <input type="checkbox"/> Hospital Ministry
<input type="checkbox"/> <input type="checkbox"/> Visitation Ministry
<input type="checkbox"/> <input type="checkbox"/> Counselling
<input type="checkbox"/> <input type="checkbox"/> Leading Home Cell
<input type="checkbox"/> <input type="checkbox"/> Pastoral Care
<input type="checkbox"/> <input type="checkbox"/> Youth Ministry
<input type="checkbox"/> <input type="checkbox"/> Children's Ministry | F P
<input type="checkbox"/> <input type="checkbox"/> Music Ministry
<input type="checkbox"/> <input type="checkbox"/> Creative Ministry
<input type="checkbox"/> <input type="checkbox"/> Television / Sound Ministry
<input type="checkbox"/> <input type="checkbox"/> Tape Ministry
<input type="checkbox"/> <input type="checkbox"/> Writing / Publication
<input type="checkbox"/> <input type="checkbox"/> Public Relations / Media
<input type="checkbox"/> <input type="checkbox"/> Church Administration | F P
<input type="checkbox"/> <input type="checkbox"/> Conducting Wedding / Funerals
<input type="checkbox"/> <input type="checkbox"/> Church Pioneering
<input type="checkbox"/> <input type="checkbox"/> Church Construction
<input type="checkbox"/> <input type="checkbox"/> Christian Education
<input type="checkbox"/> <input type="checkbox"/> Community Ministry
<input type="checkbox"/> <input type="checkbox"/> Business People
<input type="checkbox"/> <input type="checkbox"/> Fund Raising |
|---|--|---|---|

If you are or have been involved in any other church / ministry activities, please indicate below:

F P	
<input type="checkbox"/> <input type="checkbox"/>	Teaching Ministry
<input type="checkbox"/> <input type="checkbox"/>	Missionary Ministry
<input type="checkbox"/> <input type="checkbox"/>	Evangelistic Work

WHAT IS YOUR POSITION IN THE CHURCH? _____ How long have you held this position? _____

G. CHURCH TESTIMONIAL

1. **MINISTER COMPLETING YOUR PASTOR'S RECOMMENDATION FORM** _____ (This minister must be your pastor in your local church)
 Pastor name: _____ Address: _____
 Tel N°s Home: Int Code (___) Area Code (___) _____ Work: Int Code (___) Area Code (___) _____
 Fax: Int Code (___) Area Code (___) _____ Cell: Int Code (___) Area Code (___) _____
2. **DO YOU HOLD MINISTERIAL CREDENTIALS WITH ANY ORGANISATION?** Yes No If Yes, indicate ministerial status: Licensed Ordained
 Which organisation / denomination? _____

H. EDUCATION RECORD

1. **STATE HIGHEST LEVEL OF EDUCATION ATTAINED** (Verify grade or number of academic years successfully completed):
 Secondary school: _____ Vocational / Technical: _____ College / University: _____ Other _____
2. **LIST SECONDARY / HIGH SCHOOL AND / OR TERTIARY EDUCATIONAL INSTITUTIONS (INCLUDING BIBLE SCHOOLS) ATTENDED BY YOU:**

NAME OF SCHOOL	CERTIFICATE / DIPLOMA / DEGREE / ETC.	STUDY PERIOD
E-mail:		From _____ To _____
Residential:		From _____ To _____
Postal:		From _____ To _____

3. **WHICH MINISTERIAL COURSE[S] HAVE YOU SUCCESSFULLY COMPLETED?**

COURSE	CHURCH / INSTITUTION	STUDY PERIOD
E-mail:		From _____ To _____
Residential:		From _____ To _____
Postal:		From _____ To _____

4. **WHAT MUSIC / VOCAL / DRAMA TRAINING HAVE YOU RECEIVED?**

NAME OF THE SCHOOL	CERTIFICATE / DIPLOMA / DEGREE / ETC.	STUDY PERIOD
E-mail:		From _____ To _____
Residential:		From _____ To _____
Postal:		From _____ To _____

5. **HAVE YOU EVER BEEN DENIED ACCEPTANCE OR BEEN SUSPENDED / EXCLUDED FROM ANY EDUCATIONAL INSTITUTION?** Yes No

If Yes, explain briefly: _____

6. **SPECIAL PROFESSIONAL / OCCUPATIONAL SKILLS:** _____

7. **ARE YOU CURRENTLY EMPLOYED?** Yes No

I. MEDICAL DATA

1. **PHYSICAL CONDITION** (Tick E = Excellent, G = Good, F = Fair, P = Poor):

E G F P	E G F P	E G F P	E G F P	E G F P
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eyesight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lungs

2. **DO YOU SUFFER FROM ANY SERIOUS TRANSMITTABLE DISEASE[S]?** Yes No

If Yes, state disease[s]: _____

HAVE YOU BEEN TESTED, RECEIVED MEDICAL ADVICE / TREATMENT CONCERNING HIV-INFECTION OR ANY AIDS-RELATED CONDITION?

Yes No If Yes, for what reason and what was the result? _____

(Answering the above question #2 is not considered compulsory. These answers will not be used as grounds to refuse any applicant entry. At the request of the applicant, these answers will be kept confidential and used only if considered essential in the assistance of the applicant.)

3. **ARE YOU PRESENTLY TAKING ANY MEDICATION?** Yes No If Yes, name of medication: _____

How often do you take it? _____ Name of attending physician: _____

(If currently on any medication for any sickness or disorder, a letter of recommendation from your doctor must accompany this application form.)

HAVE YOU TAKEN ANY MEDICATION FOR A LONG PERIOD? Yes No If Yes, explain: _____

4. **HAVE YOU OR ARE YOU USING ANY HABIT-FORMING SUBSTANCES?** Yes No If Yes, explain: _____

5. **DO YOU HAVE ANY KNOWN MEDICAL ALLERGIES?** Yes No If Yes, specify medication: _____

6. **HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL / SANATORIUM?** Yes No If Yes, give date[s], reason[s], name[s] of hospital and doctor: _____

7. **IN CASE OF FEMALE APPLICANTS, ARE YOU PREGNANT?** Yes No If Yes, baby's expected date of birth: _____

J. DECLARATIONS

1. LEGAL CONSENT (If applicant is under 21 years of age):

"I / We, parent[s] / legal guardian of the applicant, hereby consent to the applicant's intended studies at DBC."

Signature of parent[s] / guardian: _____ Date: _____

2. MEDICAL CONSENT:

"I hereby grant permission to DBC or a consulting physician to render to me any emergency treatment or medical care that might be deemed necessary. When necessary for executing such care, I grant permission for hospitalisation at an accredited hospital." Yes No

(You must tick Yes or No in one of the blocks following the above statement and then endorse with signature below. If no block is ticked and/or the medical consent is not signed below, DBC accepts that permission for emergency treatment or medical care is not granted.)

Signature[s] of applicant (and if under 21 years, parent[s] / guardian): _____ Date: _____

3. APPLICANT'S PERSONAL DECLARATION:

In order for a person to assume a leadership role in Christian ministry, it is our conviction that the highest standards of personal conduct and moral living should be maintained. Our persuasion is that this includes abstinence from the use of tobacco, intoxicants and illegal or habit-forming drugs while attending CACE. We do not condone any immoral conduct related to fornication, adultery, homosexual activities, pornography, etc. Understanding our position on these matters, please confirm below your acceptance of these inherent requirements. Non-compliance could exclude you from acceptance.

"I will comply with the above stated policy of DBC ("the College"). I understand that if DBC finds that I have violated this policy, it could be grounds for exclusion from studies. If any changes occur after I have signed this application, I will inform the College with details and explanation in writing.

I have submitted all documents, as well as my application fee, required for this application. I declare that all the information contained in this application is correct and true. I will inform DBC of any interim changes. If the College is notified that any information is false, my application could be rejected or, if I am accepted, it could be grounds for exclusion from DBC studies.

If I am accepted as a DBC student, I agree to abide by all the College rules. I will exemplify good Christian character and conduct at all times and places during the period that I am a DBC student. I will faithfully fulfil my financial commitments to the College. I appreciate that attendance at DBC is a privilege and not a right; and that the College reserves the right to require the exclusion of a student at any time if such action is deemed necessary to safeguard the ideals of scholarship or the moral atmosphere of DBC.

I understand that all rights are reserved on DBC material, names and logos; and I undertake to honour this copyright.

I hereby grant permission to DBC and DHC to use any photographs taken of me in conjunction with College activities. I understand that these photographs become the property of DBC and may be used at any time without remuneration to me.

I hereby indemnify DBC and DHC (or any of its employees, servants or agents) against any loss or injury of whatever nature sustained by myself or any member of my family in the course of any DBC or DHC activities."

Signature[s] of applicant (and if under 21 years, parent[s] / guardian): _____ Date: _____

Signature of witnesses: 1. _____ 2. _____ Date: _____

(DBC does not discriminate on the basis of race, ethnic origin, gender or age. However, applicants must meet criteria for acceptance. The Registrar will notify applicants in writing whether they have been accepted into the study programme[s] of DBC.)

K. ENROLLMENT CONTRACT

1. PAYMENT OPTION: Instalment Plan Upfront Payment

2. FEES RATE: Standard Rate Special Rate (Immediate Family Member Disabled Pensioner) DHC Staff Rate

3. PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT:

PERSON	DETAILS	
<input type="checkbox"/> Spouse	Name:	Tel N° W: +27 Area Code (_____) _____
	E-mail Address:	Tel N°: +27 Area Code (_____) _____
	Postal Address:	
<input type="checkbox"/> Parent(s) / Guardian	Name:	Tel N° W: +27 Area Code (_____) _____
	E-mail Address:	Tel N°: +27 Area Code (_____) _____
	Postal Address:	
<input type="checkbox"/> Sponsor	Name:	Tel N° W: +27 Area Code (_____) _____
	E-mail Address:	Tel N°: +27 Area Code (_____) _____
	Postal Address:	

I, (Applicant or if under 21 years, parent[s] / guardian) _____, and
I, (Sponsor, if applicable) _____, hereby agree to be liable / jointly and severally liable, for the contract amount, subject to the conditions and policies stipulated. I / We commit to ensure that all fees are paid before or on the due date.

Failure to attend classes by the prospective student will not reduce my / our liability under this contract.

Signature of applicant (If under 21 years, parent[s] / guardian): _____ Date: _____

Signature of sponsor (If applicable): _____ Date: _____

