

THE BIBLE INSTITUTE OF SOUTH AFRICA

APPLICATION FORM

N.B. Please read the General Information section of the Prospectus of the Bible Institute of SA before completing this form. ALL sections of this form must be COMPLETED, unless otherwise indicated. Applications will not be processed until all the information required has been submitted.

1. CONTACT INFORMATION

Surname First Names Title

Postal Address

Code Telephone (Work) Telephone (Home)

Cell: Fax E-mail

2. PERSONAL INFORMATION

2.1 Date of Birth..... Age..... ID / Passport number

2.2 Nationality (eg. South African)

2.3 Marital Status

Single	Married	Divorced	Separated	Widowed	Remarried
Date					

(Place X in appropriate box and indicate date)

2.4 If married: (a) spouse's name (b) spouse's occupation

(c) number of children (d) their ages

2.5 Home language Other languages you speak or read

2.6 English language qualifications. If English is not your native language state your qualification in written and spoken English (e.g., IELTS; TOEFL; EPTB):

Qualification: Score: Date attained:
(Attach certified proof)

3. APPLICATION INFORMATION

PART A: ALL APPLICANTS

3.1 Have you applied to this college before? If so, when?

3.2 Have you previously applied to a similar institution? If so, give details of the Institution:

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3.3 For which sphere of ministry are you seeking to equip yourself?

Pastorate Missions Other (specify)

3.4 For which programme of study are you applying?

- Licentiate in Theology (B.Th)
- BA (Theology) Honours
- GAP Year FOCUS Programme
- Bachelor in Theology (Distance Learning)
- MA (Theology)
- Christian Leadership Programme

3.5 Please state briefly what you hope to gain from this programme

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PART B: PART-TIME STUDENTS ONLY

3.6 For which courses/subjects are you intending to enroll?

<u>Subject</u>	<u>Audit or credit</u>	<u>Semester</u>
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3.7 Please estimate the number of hours per week you will have available for study

PART C: DISTANCE LEARNING STUDENTS ONLY

3.8 Please estimate the number of hours per week you will have available for study

4. E D U C A T I O N

4.1 School(s)

Name of school(s)	Highest Standard or Grade passed	Date

(Submit certified (original) copies of most recent certificates and subjects completed)

4.2 Tertiary

Name and address of College, University	Qualification attained	Dates attended

(Submit certified copies of all final results (i.e., transcripts showing marks), and a copy of the institute's prospectus.)

4.3 Other qualifications (ie., Trade or otherwise)

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5. CHRISTIAN EXPERIENCE

5.1 (a) Current church membership

(b) Pastor's name **(c) Period of membership**

(d) Current church involvement

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(e) If you hold or have held a position of leadership in the Church please specify:

Position held **Number of years in this role**

5.2 Give a brief account of your conversion to Christ

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5.3 Give a brief account of your experience in Christian work, ie. preaching, teaching, evangelism, youth, etc. Where appropriate please indicate how regular your ministries have been, e.g. weekly, monthly, occasional.

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5.4 Do you have a sense of call to ministry? **Explain**

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5.5 Is your church in support of your application? Yes No **If No, please explain on a separate sheet of paper.**

5.6 Have you ever had a problem with substance abuse? **5.7 Do you smoke?**
If your answer is 'yes' to either of the above, please clarify on a separate sheet of paper.

5.8 Are you at present or have you in the past, been connected with any religion or cult outside of the Christian denominational churches? Yes No **(If yes, give details in an accompanying letter)**

6. OCCUPATIONAL EXPERIENCE

6.1 Give details of current and previous employment - start with your most recent employment.

Description of jobs/ positions	Name and address of employers	Dates (from - to)
a.		
b.		
c.		
d.		

6.2 Other comments related to work experience

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7. REFEREES

Give complete address in each case. It is customary to ask one's referees permission to name them. A referee should know the applicant well, but may not be a family member. One referee must be the pastor of your local church. If you are unable to give a pastor as referee, please explain on a separate sheet of paper. In addition and if applicable, you may be requested to obtain testimonials from an employer, school or para-church organisation.

1. Minister / Pastor

Address Code

Telephone Fax..... Email

2. Name

Address Code

Telephone Fax..... Email

3. Name

Address Code

Telephone Fax..... Email

8. FINANCIAL

8.1 Do you have any financial commitments and responsibilities? (ie. Dependants, debts, accounts, etc.)

Yes No If yes, give details and set out how you intend to meet your commitments

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8.2 Do you have sufficient money to cover your course fees? Yes No

Do you have sufficient money to cover residence fees? Yes No N/A

If No, give details
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8.3 How do you anticipate meeting the cost of your fees?

By personal resources? Yes No

By church support? Yes No **If Yes, attach a letter from the church specifying the amount promised.**

By family / friends / grants Yes No **If Yes, attach a letter from each of your sponsors specifying the amount promised.**

8.4 Do you understand that you will be responsible for ensuring that full payment of your fees is made to the College at the beginning of each semester? Yes No

9. M E D I C A L

9.1 Name and contact details of your medical practitioner

Name

Address Code

Telephone Fax..... Email

9.2 Is your general health good?

9.3 Please complete the supplied Medical Health Report. Completed Yes No

10. C O M M E N T S

Any other comments that may help the college in considering your application. Use additional paper if necessary.

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11. C O N D I T I O N S O F A C C E P T A N C E

I (name) hereby certify that, to the best of my knowledge, the foregoing information is correct. I understand that I may be required to present myself for an interview by the college at my own expense. I understand that acceptance by the Bible Institute of South Africa is subject to the final approval of North-West University. Should my application for training be successful I would be willing to comply with the regulations of the Bible Institute, submitting myself to the discipline of the college for the duration of my training. Should I be enrolled at the Bible Institute I undertake to the best of my ability and by the grace of God to conduct myself in a manner worthy of the Lord, so that my conduct and behaviour do not compromise my Christian testimony or bring the witness of the Bible Institute into disrepute.

Signature **PHOTOGRAPH**
(Attach here one recent passport photograph of yourself.)
Date.....

Please send this form directly to:
**THE REGISTRAR,
THE BIBLE INSTITUTE OF SOUTH AFRICA
180 MAIN ROAD, KALK BAY 7975
REPUBLIC OF SOUTH AFRICA**
TELEPHONE: +27(021)788-4116 FAX: +27(021)7887289 EMAIL: bibleinstitute@bisa.org.za