



Joshua Year

Tel: 083 447 1661
E-mail: info@witbankhop.co.za

APPLICATION FORM

Date: / / 20

General Information

Surname					
Maiden Name					
Full Name					
Nick Name					
Title		Age		Date of Birth	
ID Number					
Gender		Male		Female	
Marriage Status	Single		Divorced		Widow
	Married		Engaged		
Home Language					
Citizenship					
Country of birth					
Current activity	Scholar		In an occupation		
	Student		Other(specify)		
Current Occupation					
Employer					

A Current Photo

Aansoeker se kontak besonderhede

Tel	(H)	(C)
E-mail		
Postal Address		
	Postal Code:	
Town/City		

Spiritual Life

Local Congregation		
Address of local congregation		
Reverend/Pastor		
How long involved in this congregation?		
Have you received any previous spiritual training?		Yes
		No
If so, please specify:		

Describe your conversion and how long ago did it happen:

Describe what led to your decision to do this year:

Describe your expectation for this year:

If you are under the age of 21, your parent / guardian's signature below is a requirement:

Name			
Signature			
Parent/guardian		Date	

Teaching

Secondary Teaching							
High school attended?							
Highest grade passed		Year passed					
Extracurricular activities							
Do you have a driver's licence?		Yes		No		Which code	
Tertiary Teaching							
Institution	Years attended	Degree/Diploma		Completed		Date Completed?	
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		
				Yes	No		

Language skills

Language	Skill					
Afrikaans	Read		Write		Speak	
English	Read		Write		Speak	
	Read		Write		Speak	
	Read		Write		Speak	

Musical skills

Can you play any musical instrument		Yes		No
If so, which instrument/s				
What is your skill level in each instrument	Write instrument and mark applicable block			
1.	average	good	excellent	
2.	average	good	excellent	
3.	average	good	excellent	
What is your singing ability?	average	good	excellent	

Family

Parent / Guardian / Spouse			
Surname			
Title		Initials	
Home Address			
Tel	(H)		(C)
E-mail			
Occupation		Employer	
Parent / Guardian / Spouse relationship to the applicant			
Name and contact detail of other parent or guardian if not same as the above:			

Give a short and honest description of your family life:

How does your family feel about your application:

Finances

Do you have enough finances to support you during the year?	
How do you plan to pay your fees?	
Do you have any debt?	
If so, will you be able to pay this debt before starting the year?	
How do you plan to pay your fees for this year:	
Entry fee before closing date and full balance at the beginning of the year	
Entry fee before closing date and monthly installments over ten months	

Personal

(The following questions are very personal in nature, but it is essential to sketch a precise image where the applicant comes from)

Have you ever been involved in sexual immorality?	Yes	No
If so, have you received any ministry in this regard?	Yes	No
Have you ever been involved in any homosexual or lesbian activities?	Yes	No
If so, have you received any ministry in this regard?	Yes	No
Have you ever been involved in any occult practices?	Yes	No
If so, give details:		
Have you ever been involved in any form of drug or alcohol abuse?	Yes	No
If so, give details:		
Do you smoke?	Yes	No
If so, are you willing to stop smoking?	Yes	No
Are you currently involved in a romantic relationship?	Yes	No

Check out of the list below, the words that you think best describe yourself:

Active		Impulsive		Nervously		Perfectionist	
Moody		Serious		Still		Imaginative	
Plesant		fearful		Alone		Genially	
Hurt		Flexible		Organized		Submissive	
Guilty		Humoristic		Loyal		Depressed	
Ambitious		Incessantly		Excited		Brave	
Extrovert		Introvert		Calm		Love people	
Stubborn		Sensitive		Optimistic		Hardworking	
Uncertain		Practical		Warm		Confident	
Negative		Confused		Impatient		Comfortable	
Selfconciuous		Competitive		Sacrificially		Creative	

Health

How would you describe your current health?	Excellent		Good	
	Average		Poor	
List any allergies				
Have you suffered from any mental illness or depression?	Yes		No	
If so, give details:				
Have you suffered from any eating disorder?	Yes		No	
If so, give details:				
Are you currently on chronic medication?	Yes		No	
If so, give details:				

Confidential References

Please provide. the names and contact details of two people with whom you are in a long term relationship. One of the persons must be your local teacher / pastor. Please Make sure that these people complete the attached Reference Form and directly email it to info@witbankhop.co.za

1. Name and Surname		2. Name and Surname	
Relationship	Reverend/Pastor	Type of relationship	
Tel nr.	(H)	Tel nr.	(H)
	(W)		(W)
	(C)		(C)
E-mail		E-mail	

If there is no Teacher or Pastor who knows you well enough, please contact us. in this regard.

Agreement

Please read the following thoroughly:

Agreement between Witbank House of Prayer Missions Base and THE STUDENT in his / her parents / guardian (if applicable)			
I (Full name and surname of student)			
Declare and undertake the following: <ol style="list-style-type: none">1. To take note of all rules and regulation of the Witbank House of Prayer Missions Base regarding Joshua Year Students.2. To submit and comply with the rules and regulations of Witbank House of Prayer Missions Base3. I accept the decisions taken and the guidance given by the leadership of the Joshua Year Students and I accept the full schedule of the Year program4. To fully pay all fees payable for the year on the specific dates. Witbank House of Prayer reserves the right to ask me to stop the year if I can not fulfill my financial obligations.5. I dispense Witbank House of Prayer Missions Base from any claims or compensation for anything that may happen during the period of the Joshua Year.6. I am (scrap which is not applicable)<ul style="list-style-type: none">- Authorized to sign the agreement without the assistance of parent / guardian.- Sign this agreement with the permission of my parent / guardian			
Student Signature		Date	
The following section must be completed if the applicant is under 21 years of age:			
I (Full name and surname of parent or guardian)			
ID Number			
Declare, agree and undertake that <ol style="list-style-type: none">1. Clause 4 above is correct2. To pay all fees for the applicant for the Joshua Year			
Parent / Guardian Signature		Date:	



Witbank House of Prayer Joshua Year

Confidential Reference Form

Date: / /

Applicant Information (Completed by applicant)

Surname			
Full name			
Tel:	(H)		(W)
	(C)		
E-Mail			

Detail of Referent

Surname		Relationship to Applicant:	
Name			
Tel:	(H)		(W)
	(C)		
E-Mail			

Please note: The applicant will only be taken into consideration when your reference is received. Please e-mail the completed reference form directly to Witbank House of Prayer Missions Base at info@witbankhop.co.za

Mark with an X where applicable

How long do you know the applicant?				
How well do you know the applicant?				
Very good		Good		Average
Please mark what they think the applicant's ability is for the following areas				
	Excellent	Above average	Average	Under Average
Ability to work under pressure				
Ability to follow				
Christian Character				
Care for others				
Emotional stability				
Flexibility				
Leadership				
Determination				
Stewardship				
Self-discipline				
Social Responsibility				

Mature		Contagious		Sincere	
Over-emotional		Artificial		Hunger to grow	

[illegible]

Yes		No		Don't know	
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[illegible]

Yes		No		Don't know	
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Yes		No		Don't know	
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Yes		No		Don't know	
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Wholeheartedly		With reservation		Not at all	
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The following information was obtained from the review of the records of the Department of Social Services, Division of Child Welfare, regarding the child's placement history:

If you recommend the applicant wholeheartedly, please describe why:

I declare that the content of this recommendation is correct to the best of my knowledge

Signature		Date	
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Witbank House of Prayer Joshua Year

Confidential Reference form by Pastor/Reverend

Date: / /

Applicant Information (Completed by applicant)

Surname			
Full name			
Tel:	(H)		(W)
	(C)		
E-Mail			

Detail of Pastor / Reverend

Surname		Relationship to Applicant:	
Name			
Tel:	(H)		(W)
	(C)		
E-Mail			

Please note: The applicant will only be taken into consideration when your reference is received. Please e-mail the completed reference form directly to Witbank House of Prayer Missions Base at info@witbankhop.co.za

Mark with an X where applicable

How long do you know the applicant?					
How well do you know the applicant?					
Very good		Good		Average	
Please mark what the think the applicant's ability is for the following areas					
	Excellent	Above average	Average	Under Average	
Ability to work under pressure					
Ability to follow					
Christian Character					
Care for others					
Emotional stability					
Flexibility					
Leadership					
Determination					
Stewardship					
Self-discipline					
Social Responsibility					

Which one of the following describes the applicant's Christianity best?

Mature		Contagious		Sincere	
Over-emotional		Artificial		Hunger to grow	

Give a short description of the Applicant's family background?

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Was the applicant ever involved in the occult, drug or alcohol abuse or sexual immorality?

Yes		No		Don't know	
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If yes, please give details:

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Does the applicant smoke?

Yes		No		Don't know	
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Respond the applicant well to authority?

Yes		No		Don't know	
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Is the applicant financially responsible?

Yes		No		Don't know	
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If not, please give details:

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Do you recommend the applicant to do the Joshua Year?

Wholeheartedly		With reservation		Not at all	
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If with reservation or not at all, please give details:

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If you recommend the applicant wholeheartedly, please describe why:

I declare that the content of this recommendation is correct to the best of my knowledge

Signature		Date	
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