

# SOUTHERN AFRICA BIBLE COLLEGE NPC



Training for service in Churches of Christ

Registration Number 2002/010094/08

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Registered with the Department of Higher Education and Training as a private higher education institution under the Higher Education Act, 1997. Registration number 2000/HE08/006

## APPLICATION FOR ADMISSION & INITIAL REGISTRATION FORM

***NOTE: If you do not provide full and true information you may be disqualified or dismissed***

This form must be completed in order to register for initial enrolment as a student at the college. Recommendations from your preacher and eldership or business meeting are **required** for initial registration. Your application cannot be processed without them. **Hand the Recommendation Forms to your eldership or business meeting and to your preacher for completion and ask them to mail these to us directly**. If seeking financial assistance, you must also complete a Financial Assistance Form and send it to us with your Application Form.

**PLEASE NOTE:** applications will only be processed if accompanied by the non-refundable administration fee.

A. PERSONAL DETAILS																	
Application for (please choose correct option):						Bachelor of Arts in Theology (3 year)						Higher Certificate in Theology (1 year)					
Surname																	
First Name(s)																	
Maiden Name (if applicable)																	
Date of Birth												Date Baptised					
Gender ✓		Male			Female			Baptised by:									
Marital Status ✓		Single			Married			Divorced			Remarried			Widowed			Tribal Custom
If divorced, remarried, or married according to tribal custom, give details of circumstances below.																	
Do you have any disabilities?																	
Do you have any allergies?																	
Population Group ✓:		African			Coloured			Indian			White			Asian			
Citizenship ✓		SA			Other												
South African ID Number												Attach copy of ID					
Foreign Nationality												Indicate country of origin					
Passport Number												Attach copy of passport					
Place of Birth																	
Home Language																	

**B. CONTACT DETAILS AND ADDRESSES**

Cell Phone Number																				
Home Telephone Number																				
Work Telephone Number																				
Email address of Applicant																				
PHYSICAL Address																				
POSTAL Address (if other than physical)																				

**C. LIST ALL DEPENDENTS REGARDLESS OF YOUR MARITAL STATUS**

Please indicate if you will need housing for you and your family.	YES	NO
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*(NOTE: This information is required even if your dependents should not accompany you to the College.)*

Spouse's Name:																				
ID No.																				
Passport No.																				
Nationality																				
Childrens/ Dependents Names:	1													M	F	Age				
	2													M	F	Age				
	3													M	F	Age				
	4													M	F	Age				
	5													M	F	Age				

**D. HEALTH INFORMATION** *(If you do not provide full and true information you may be disqualified or dismissed)*

Are you in good health?	Yes	No	If NO, give details on page 5
Are you presently receiving medical attention?	Yes	No	If YES, give details on page 5
Do you have any permanent physical impairment or handicap?	Yes	No	If YES, give details on page 5
Do you have any allergies?	Yes	No	If YES, give details on page 5
Have you, your spouse or children ever had malaria?	Yes	No	If YES, give details on page 5
Is your spouse in good health?	Yes	No	If NO, give details on page 5
Is your spouse presently receiving medical attention?	Yes	No	If YES, give details on page 5
Does your spouse have any permanent physical impairment or handicap?	Yes	No	If YES, give details on page 5
Are your children/dependents as listed on page 2, in good health?	Yes	No	If NO, give details on page 5
Are you or any member of your family presently on medication?	Yes	No	If YES, give details on page 5

**PLEASE NOTE:** Do you understand that the College does not have a medical aid plan and that you will have to provide your own medical aid or use the government hospitals? **(PLEASE INITIAL)**

If you or your spouse or any of your children/dependents who may accompany you have ever been treated or are presently being treated or need treatment for any of the following illnesses, **you must provide details on Page 5** - Meningitis Hepatitis; HIV/AIDS or any other sexually transmitted disease; Glandular Fever; Malaria; Epilepsy; Tuberculosis; Diabetes; Psychiatric disorders (eg. Schizophrenia, Mania, Depression etc.); any other recurring illness; Operation/s.

Doctor's Name																				
Doctor Contact Number																				

**A Medical Certificate concerning your overall state of health is required. Submit with application.**

**E. FINANCIAL INFORMATION**

Your present monthly income	R			
Total of your present debts	R			
Total of your expected debts at the beginning of your schooling	R			
Monthly payments you will make on your debts while at SA Bible College	R			
If you are surety on a loan for anyone state the amount	R			
Your expected personal needs while at the College	R			
Amount you/your family can provide monthly	R			
Amount of any congregational support you are to receive monthly	R			
Would you require a bursary or scholarship to attend the College?	Yes		No	
Would you require housing while studying at the College?	Yes		No	
Do you agree not to incur any new debts or liabilities unless specifically approved by the faculty while attending the College?	Yes		No	

**PLEASE NOTE: A MARRIED STUDENT'S BURSARY WILL BE REDUCED DEPENDING ON THE STUDENT'S WIFE'S INCOME, WHEN APPLICABLE.**

**F. APPLICANT'S EMPLOYMENT RECORD**

Economic Status	School leaver	Employed	Unemployed & Looking	Unemployed not looking	Home Maker	Pensioner/Retired
(NOTE: Give details of your employment during the last ten years, if applicable) The college reserves the right to contact the employer to obtain a reference						
Name, address, telephone number of employer					Job Description	From - To

**G. SCHOLASTIC AND PREVIOUS QUALIFICATIONS (Mark with X)**

(NOTE: Certified copies of reports and certificates must be attached to the application. Your application will **NOT BE PROCESSED** without these!)

<b>Academic Qualificatoins:</b>		Grade 10		Grade 12		School-leaving Certificate		Other	
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If Other give details (ie: BA, FET College Diploma, Technical College Diploma, Trade School, Grade, etc.)

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Subjects Passed:										
Have you completed an apprenticeship?		Yes		No		If Yes, give details:				
When last did you attend a school/institution which called for study and examinations?	Y	Y	Y	Y	M	M	D	D		

**H. CHURCH INFORMATION**

What church/congregation do you belong to?										
How long have you been a member of that church/congregation?										
List the various duties you have performed and the length of time you have done so:										

Does the congregation you belong to: (*Please CIRCLE Yes or No*)

Use musical instruments during worship?	YES	NO		Speak in tongues?	YES	NO
Allow women to preach or teach Bible when men are present?	YES	NO		Practise swaying while singing?	YES	NO
Have deacons but no elders?	YES	NO		Allow ancestor worship?	YES	NO
Practise raising and waving hands?	YES	NO		Teach that Jesus will reign on earth?	YES	NO
Use alcoholic wine for the Lord's Supper?	YES	NO				
Teach that children must be christened?	YES	NO				
Assist non-Christians with benevolence?	YES	NO				

**I. MORAL AND RELIGIOUS CODE**

**PLEASE NOTE:** SA Bible College does not permit students to smoke or chew tobacco; drink any kind of alcoholic beverages; take drugs unless prescribed by a doctor for medical reasons; take part in occult practices; commit adultery or fornication. **STUDENTS ARE EXPECTED TO DRESS MODESTLY AT ALL TIMES.**

1. Do you and/or your spouse smoke?	YES		NO
2. Do you and/or your spouse drink Alcoholic beverages?	YES		NO
3. Do you and/or your spouse take drugs other than for medical reasons?	YES		NO
4. Are you involve in ancestor worship?	YES		NO
5. Have you or your spouse ever had church fellowship withdrawn from you?(If yes, give details below)	YES		NO

I, \_\_\_\_\_, agree to abide by all the rules and to uphold the biblical, moral and ethical principles of Southern Africa Bible College. Furthermore, should I leave Southern Africa Bible College before completing my term of training, I promise to refund Southern Africa Bible College the full amount of financial aid or bursaries which may have been given me.  
I declare that the information given in this application is true to the best of my knowledge and belief.

Signed at .....this ..... day of ..... (year)

[Signature area for Applicant]

[Signature area for Witness]

Signature of Applicant

Witness

[Signature area for Spouse]

[Signature area for Witness]

Signature of Spouse (Where applicable)

Witness

**If the applicant is under the age of 18, both parents/guardian(s) must also sign this form.**

[Signature area for Parent/Guardian]

[Signature area for Witness]

Parent/Guardian

Witness

[Signature area for Parent/Guardian]

[Signature area for Witness]

Parent/Guardian

Witness

Comments

[Multiple empty rows for comments]

