



Empowered Accurate Godly Leaders Effective in Society

For office use only: ACC. NR: _____ STUDENT NR: _____ ZONE: _____ HOUSE: _____

FULL-TIME APPLICATION FORM

(Please print clearly)

PERSONAL DETAILS			
MR. / MISS. / MRS.	DATE OF BIRTH: / / DD/MM/YY		
FULL NAMES:	AGE:		
	I.D. NUMBER:		
SURNAME:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
ORIGIN			
NATIONALITY:	PASSPORT NUMBER:		
FIRST LANGUAGE:	DATE OF ISSUE:		
SECOND LANGUAGE:	DATE OF EXPIRY:		
ON A SCALE OF 1 TO 10 (1 as poor and 10 as excellent) RATE YOUR ENGLISH (CIRCLE):			
ENGLISH READING:	POOR	-	1 2 3 4 5 6 7 8 9 10 - EXCELLENT
ENGLISH WRITING:	POOR	-	1 2 3 4 5 6 7 8 9 10 - EXCELLENT
ENGLISH SPEAKING:	POOR	-	1 2 3 4 5 6 7 8 9 10 - EXCELLENT
ENGLISH STUDYING:	POOR	-	1 2 3 4 5 6 7 8 9 10 - EXCELLENT
CONTACT DETAILS			
ADDRESS:	TEL. (H) CODE:	NUMBER:	
	TEL. (W) CODE:	NUMBER:	
	FAX. CODE:	NUMBER:	
	CELL NUMBER:		
POSTAL CODE:	E-MAIL:		
MARRIAGE STATUS			
SINGLE / MARRIED / WIDOW / DIVORCED	NUMBER OF YEARS MARRIED:		
NAME OF SPOUSE:	NUMBER OF CHILDREN:		
NAME OF CHILD/REN:		BOY/GIRL	AGE
EDUCATION			
PRESENT OCCUPATION:	NUMBER OF YEARS WORKED:		
COMPANY'S NAME:	SUPERVISOR'S NAME:		
TEL. (W) CODE:	NUMBER:	FAX. CODE:	NUMBER:
LIST ALL OTHER QUALIFICATIONS:			
INCLUDE A COMPLETE CV OF THESE SCHOOLS, STUDIES AND OCCUPATIONS			
FOR EMERGENCY (while studying at Creare) CONTACT:			
NAME:	RELATIONSHIP:		
TEL. (H) CODE:	NUMBER:	TEL. (W) CODE:	NUMBER:
FAX. CODE:	NUMBER:	E-MAIL:	
CELL NUMBER:			

MEDICAL DETAILS

(Mark with an X)

- Do you have any physical conditions that might hinder your participation at Creare Training Centre? **NO** ☐ **YES** ☐
- Do you have any learning difficulties? **NO** ☐ **YES** ☐
- Are you presently on any medication? **NO** ☐ **YES** ☐
- Are you currently under any doctor's care? **NO** ☐ **YES** ☐
- Did/Do you have any serious illness? **NO** ☐ **YES** ☐

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE MORE DETAIL.

Have you or your family ever been to or involved with: spiritual leaders (non-Christian), witchdoctors, spiritual mediums, fortune tellers, ancestral rituals, occultic rituals?

Do you have a criminal record?

Are you involved in any ongoing court cases?

FINANCES

EXPLAIN IN DETAIL HOW YOU PLAN TO PAY YOUR TUITION AND ACCOMMODATION FEES MONTHLY?

CREARE

WHERE DID YOU RECEIVE INFORMATION ABOUT CREARE?

WHAT IS YOUR MOTIVATION TO COME AND STUDY AT CREARE?

WHAT IS YOUR PARENT'S AND FAMILY'S OPINION ABOUT YOUR PLANS TO STUDY AT CREARE?

WHEN DO YOU PLAN TO COME TO THE TRAINING CENTRE?

HOW LONG DO YOU PLAN TO COME AND STUDY AT CREARE FOR? (MARK WITH AN X)

HOLIDAY SCHOOL	<input type="checkbox"/>	ONE YEAR	<input type="checkbox"/>
THREE MONTHS	<input type="checkbox"/>	THREE YEARS	<input type="checkbox"/>
SIX MONTHS	<input type="checkbox"/>	OTHER	_____

WITH THIS IN MIND (APPLIES TO INTERNATIONAL STUDENTS), WHICH VISA/PERMIT DO YOU PLAN TO APPLY FOR? (MARK WITH AN X)

STUDY VISA	<input type="checkbox"/>	
(THIS VISA IS VALID FOR THREE MONTHS AND CAN BE EXTENDED IN SA)		
STUDY PERMIT	<input type="checkbox"/>	OTHER _____
(THIS PERMIT IS VALID FOR THE WHOLE PERIOD OF TIME YOU PLAN TO STUDY IN SA)		

NOTE: WE DO NOT ACCEPT STUDENTS WHO OBTAIN 'VISITOR' OR 'TOURIST' VISAS!

WE REQUIRE THAT YOU MAKE USE OF OUR STUDENT HOUSES FOR ACCOMMODATION.

IF FOR ANY REASON NOT, PLEASE EXPLAIN WHY AND WHERE YOU PLAN TO STAY AND PROVIDE THE PHYSICAL ADDRESS.

WOULD YOU BE OPEN TO PRACTICAL DISCIPLESHIP? YES ☐ NO ☐ EXPLAIN YOUR ANSWER

WHAT ACADEMY/ACADEMIES WOULD YOU LIKE TO SPECIALIZE IN, IN THE DURATION OF YOUR STUDIES HERE?

(Mark with an X)

MUSIC ACADEMY	<input type="checkbox"/>
DRAMA ACADEMY	<input type="checkbox"/>
DANCE ACADEMY	<input type="checkbox"/>
ART ACADEMY	<input type="checkbox"/>
MULTIMEDIA ACADEMY	<input type="checkbox"/>
WORSHIP ACADEMY	<input type="checkbox"/>
CHURCH PLANTING & MISSIONS ACADEMY	<input type="checkbox"/>
YEAR OF LIFE ACADEMY	<input type="checkbox"/>
WORD ACADEMY	<input type="checkbox"/>
PROPHETIC ACADEMY	<input type="checkbox"/>
SKILLS ACADEMY	<input type="checkbox"/>
SPORT & RECREATION ACADEMY	<input type="checkbox"/>

Combination/Other:

WOULD YOU SEE YOURSELF IN ONE OR MORE OF THE FOLLOWING AFTER YOUR STUDIES AT CREARE (NATIONAL OR INTERNATIONAL)?

* PASTOR OR YOUTH PASTOR OF A LOCAL CHURCH	<input type="checkbox"/>
* WORSHIP LEADER	<input type="checkbox"/>
* PIONEERING A NEW CHURCH IN THE NATIONS	<input type="checkbox"/>
* PIONEERING A CREARE TRAINING CENTRE AT AN EXISTING LOCAL CHURCH	<input type="checkbox"/>
* LECTURING AT AN EXISTING CREARE TRAINING CENTRE	<input type="checkbox"/>
* FULLTIME TOURING TEAM	<input type="checkbox"/>

DISCLAIMER

Carefully read through the House rules agreement for full-time students attached in the Lease Agreement.

Preliminary acceptance is given to students at the Training Centre with final acceptance and clearance done after a 3 month evaluation period. This will be done & given to students and parents in writing.

INDEMNITY FORM 1

1. I hereby absolve the leadership, Principal and/or his assistant/s from any claim that might arise from injury, damage to property or loss, or any other claim whatsoever, whilst my child is / I am under their supervision, including injuries that might occur during classes or at any of the Creare Training Centre student houses.
2. In the event of any claim arising, as mentioned above, I declare that I will refrain from instituting any action against the leadership, the principal and / or his assistant/s for the relief of recovery of such damage or loss.
3. I hereby give permission for the school, the principal and/or his assistant/s to transport my child / me on any outreach/function/social event to any place of interest. In the event of any claim arising due to this outreach/function/social event, I hereby absolve the leadership, principal and/or his assistant/s from any claim that might arise from injury, damage to property or loss, whilst being transported.
4. I hereby give my consent to Our Father's Home leadership, to minister and pray for me. I understand and give consent that they will give me their Biblical perspectives and I willingly choose to give my full participation in the process of input and spiritual guidance for freedom in Jesus Christ.
5. I grant Creare Training Centre and associated ministries permission to take photographs and video footage of myself for use in marketing and organizational communication. In such a case that I am uncomfortable with this I agree to speak discreetly to those responsible to reach an agreement.

I,, the undersigned do hereby declare that I am the lawful parent/guardian of and that I am entitled to make this indemnity on behalf of my child for the period of 1 year.

OR (If older than 18 years)

I, the undersigned do hereby declare that I am lawfully entitled to make this indemnity for the period of

DATED AND SIGNED AT ON THIS DAY OF 20__.

WITNESSES:

PARENT

STUDENT

PARENT/WITNESS/GUARDIAN

INDEMNITY FORM 2

DISCIPLINARY MEASURES IN LOVE WILL INCLUDE:

- 1) 1 month notice will be given if financial obligations are not kept. Special arrangements can be made with the financial department, in certain cases.
- 2) Consequences will be given to students who break certain rules.
- 3) Suspension will be considered in extreme cases.

I do hereby undertake, that I will submit to all the included rules and regulations given by Creare Training Centre in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word, as well as the house owners and leaders of the house I stay in. I hereby declare that I have thoroughly studied the included rules and realize that if I do not keep to the regulations, disciplinary measures – as the above mentioned – will be taken against me.

I undertake to submit to the Leadership of Creare Training Centre and Our Fathers Home – under whose authority the School functions.

I as parent / Guardian of hereby give permission that he/she may receive training / residence at Creare Training Centre in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. I realize that if the included regulations are not kept, the necessary disciplinary measures will be used.

Your address:
.....
.....
.....

Tel: () Cell () Fax ()

DATED AND SIGNED AT ON THIS DAY OF 20__.

WITNESSES:

PARENT STUDENT

PARENT/WITNESS/GUARDIAN

We thank you for your co-operation.

Ps Cornelis van Heyningen
Chairperson & Founder

OTHER CHRISTIAN REFERENCE

CHRISTIAN'S DETAILS

NAME:	SURNAME:
ADDRESS:	TEL. (W) CODE: NUMBER:
	FAX. CODE: NUMBER:
POSTAL CODE:	E-MAIL:
CELL NUMBER:	

PERSONAL DETAILS OF APPLICANT

MR. / MISS. / MRS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
CELL NUMBER:	

The above mentioned person is applying for admission to Creare Training Centre (School in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word), fostering students as worshippers, who can express their love for God in a creative way through Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Further we use this process as a basis to develop Musicians, Actors, Dancers and Artists in Technique and Perspective to be effective servants in the Hand of God, who under the guidance of the Holy Spirit, give themselves through their developed talents to worship God and disciple others to Him.

PLEASE BE FRANK BUT FAIR IN YOUR COMMENTS TO ASSIST OUR ASSESSMENT OF THE APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT FOR? _____

HOW WELL DO YOU KNOW THE APPLICANT? **VERY WELL** ☐ **WELL** ☐ **NOT SO WELL** ☐

Does the Applicant know Christ as his/her Lord and Savior? Yes ☐ No ☐

Does the Applicant's life reflect a commitment to Christ? Yes ☐ No ☐

Does the Applicant live by Biblical, moral Standards? Yes ☐ No ☐

On a scale of 1 to 10 how would you rate **THE APPLICANT'S ENGLISH (CIRCLE):**

<u>ENGLISH READING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH WRITING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH SPEAKING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH STUDYING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT

WHAT TYPE OF CHRISTIAN SERVICE HAS THE APPLICANT BEEN INVOLVED IN?

HAVE THERE BEEN ANY MORAL FAILINGS WITHIN THE LAST TWELVE MONTHS THAT YOU ARE AWARE OF? Yes / No

HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CULTURE, OTHER CULTURES AND RACES?

ANY OTHER PERTINENT COMMENTS:

I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL, THE APPLICANT, TO ATTEND CREARE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA, DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).

SIGNATURE: _____

DATE: ____ / ____ / ____

DO YOU WISH THIS REFERENCE TO REMAIN CONFIDENTIAL? Yes / No

PASTOR'S REFERENCE	
PASTOR'S DETAILS	
CHURCH NAME:	PASTOR/MINISTER'S NAME:
ADDRESS:	TEL. (W) CODE: NUMBER:
POSTAL CODE:	FAX. CODE: NUMBER:
CELL NUMBER:	E-MAIL:

PERSONAL DETAILS OF APPLICANT	
MR. / MISS. / MRS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
SURNAME:	I.D. NUMBER:
CELL NUMBER:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

The above mentioned person is applying for admission to Creare Training Centre (A School in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word), fostering students as worshippers, who can express their love for God in a creative way through Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Further we use this process as a basis to develop Musicians, Actors, Dancers and Artists in Technique and Perspective to be effective servants in the Hand of God, who under the guidance of the Holy Spirit, give themselves through their developed talents to worship God and disciple others to Him.

PLEASE BE FRANK BUT FAIR IN YOUR COMMENTS TO ASSIST OUR ASSESSMENT OF THE APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT FOR? _____
 How well do you know the Applicant? Very well ☐ Well ☐ Not so well ☐

DOES THE APPLICANT KNOW CHRIST AS HIS/HER LORD AND SAVIOR? YES ☐ NO ☐
 DOES THE APPLICANT'S LIFE REFLECT A COMMITMENT TO CHRIST? YES ☐ NO ☐
 DOES THE APPLICANT LIVE BY BIBLICAL MORAL STANDARDS? YES ☐ NO ☐

ON A SCALE OF 1 TO 10 HOW WOULD YOU RATE THE APPLICANT'S ENGLISH (CIRCLE):

ENGLISH READING:	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
ENGLISH WRITING:	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
ENGLISH SPEAKING:	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
ENGLISH STUDYING:	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT

WHAT TYPE OF CHRISTIAN SERVICE HAS THE APPLICANT BEEN INVOLVED IN?

HAVE THERE BEEN ANY MORAL FAILINGS WITHIN THE LAST TWELVE MONTHS THAT YOU ARE AWARE OF? YES / NO

HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CULTURE, OTHER CULTURES AND RACES?

ANY OTHER PERTINENT COMMENTS:

I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL. THE APPLICANT TO ATTEND CREARE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA, DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).

SIGNATURE: _____

DATE: ____ / ____ / ____

DO YOU WISH THIS REFERENCE TO REMAIN CONFIDENTIAL? Yes / No

PERSONAL DETAILS OF APPLICANTS HUSBAND/WIFE AND CHILDREN

MR. / MRS:	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

CHECK LIST

PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION FORM

- Two completed Reference letters:
 - One by your local Pastor and the other by another mature Christian.
- A CV of your school(s), studies and previous occupations etc.
- A copy of your ID.

PLEASE SEND A CLEAR COPY OF THIS APPLICATION FORM TO CREARE TRAINING CENTRE, VIA POST, OR E-MAIL.

CREARE TRAINING CENTRE

P.O. Box 11460

UNIVERSITAS

BLOEMFONTEIN

9321

CONTACT NUMBER: (+27) 082 887 3001/ 074 347 7993

nationaltours.create@gmail.com or info@sonsaseagles.com