

For office use only: ACC. NR: STUDEN	IT NR: ZONE:	HOUSE:

FULL-TIME APPLICATION FORM

(Please print clearly)

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Personal Details				
Mr. / Miss. / Mrs.	DATE OF BIRTH: /	/ DD/	мм/үү	
FULL NAMES:	AGE:			
	I.D. NUMBER:			
SURNAME:	Gender: (Mark with an X) N	1ale 🗆 Female 🗆		
0	RIGIN			
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):				
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ENGLISH STUDYING: POOR - 1 2 3 4	5 6 7 8 9 10	- EXCELLEN	Т	
CONTACT DETAILS				
Address:	Tel. (H) Code: Number	•		
	Tel. (W) Code: Number	:		
	FAX. CODE: NUMBER	R:		
	CELL NUMBER:			
POSTAL CODE:	E-MAIL:			
Marria	GE 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: NUMBE	R:		
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?

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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.
- 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,
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
I undertake to submit to the Leadership of Creare Training Centre and Our Fathers Home – under whose authority the School functions.
I
Your address:,
Tel: (), Cell (), Fax ()
DATED AND SIGNED AT ON THIS DAY OF
WITNESSES:
PARENT STUDENT
PARENT/WITNESS/GUARDIAN
We thank you for your co-operation.

Ps Cornelis van Heyningen Chairperson & Founder

OTHER CHRISTI	IAN REFERENCE
CHRISTIAN	'S DETAILS
NAME:	SURNAME:
Address:	Tel. (W) Code: Number:
	FAX. CODE: NUMBER:
POSTAL CODE:	E-MAIL:
CELL NUMBER:	
Personal Deta	AILS OF APPLICANT
Mr. / Miss. / Mrs.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (Mark with an X) MALE □ FEMALE □
CELL NUMBER:	Training Centre (School in Music, Drama, Dance, Art, Multimedia,
Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Furt Dancers and Artists in Technique and Perspective to be effective s Spirit, give themselves through their developed talents to worship	no can express their love for God in a creative way through Music, her we use this process as a basis to develop Musicians, Actors, servants in the Hand of God, who under the guidance of the Holy God and disciple others to Him. 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? Does the Applicant's life reflect a commitment to Christ? Does the Applicant live by Biblical, moral Standards?	Yes
•	6 7 8 9 10 — EXCELLENT
	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 TH	AT YOU ARE AWARE OF? YES / NO
HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CUL	TURE, OTHER CULTURES AND RACES?
ANY OTHER PERTINENT COMMENTS:	
I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL, THE AID DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).	PPLICANT, TO ATTEND CREARE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA,
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:	
	FAX. CODE: NUMBER:	
POSTAL CODE:	E-MAIL:	
CELL NUMBER:		
Personal Detail	LS OF APPLICANT	
Mr. / Miss. / Mrs.	DATE OF BIRTH: / / DD/MM/YY	
FULL NAMES:	AGE:	
	I.D. NUMBER:	
SURNAME:	GENDER: (Mark with an X) MALE ☐ FEMALE ☐	
CELL NUMBER:		
Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Furt Dancers and Artists in Technique and Perspective to be effective Spirit, give themselves through their developed talents to worship	no can express their love for God in a creative way through Music, her we use this process as a basis to develop Musicians, Actors, servants in the Hand of God, who under the guidance of the Holy God and disciple others to Him. TO ASSIST OUR ASSESSMENT OF THE APPLICATION.	
How Long have you known the Applicant For?	Well D Net council D	
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 \(\square\) NO \(\square\)	
DOES THE APPLICANT LIVE BY BIBLICAL MORAL STANDARDS?	YES \square No \square	
On a scale of 1 to 10 how would you rate the applicant's English (CII	RCLE):	
ENGLISH READING: POOR - 1 2 3 4 5	6 7 8 9 10 - EXCELLENT	
	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 TH	AT YOU ARE AWARE OF? YES / NO	
HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CUI	TURE, OTHER CULTURES AND RACES?	
ANY OTHER PERTINENT COMMENTS:		
I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL. THE A DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).	PPLICANT TO ATTEND CREARE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA,	
SIGNATURE:	DATE: / /	
Do you wish this reference to remain confidential? Yes / No	· 	

PERSONAL DETAILS OF APPLICANT	'S 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 ☐ FEMALE ☐
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE ☐ FEMALE ☐
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE FEMALE

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.creare@gmail.com or info@sonsaseagles.com