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## APPLICATION FORM

### TO STUDY TOWARDS BECOMING AN ORDAINED PASTOR WITHIN THE AFM OF SA. STUDIES COMMENCING JANUARY 2009

#### GENERAL INFORMATION:

**The closing date for submission of applications to the Education and Training Directorate at the above address is 30 September 2008.**

\*All applications must be accompanied by a proof of payment of **R200.00** application fee.

\*Foreign applicants must obtain proof of evaluation of their highest standard results/ certificates from the South African Qualifications Authority in Pretoria, Brooklyn.

1. Bank details:

Bank name: ABSA  
Account name: AFM of SA  
Account no: 1017230766  
Branch code: 632005  
Reference: 2760-010 plus in brackets ID number of applicant

Fax or e-mail proof of payment to:  
Fax no. +27 12 644 0732  
E-mail: etd@afm-ags.org

2 Application fee is **non-refundable**.

3. Please note that only this form and accompanying recommendations/reports as described below shall be considered for application.
4. This application form should furthermore be accompanied by the following certified documents and forwarded directly to the Education and Training Directorate (E&T Directorate) at the above address:
  - a) Copy of Grade 12 results or equivalent
  - b) Copies of all Higher Education Qualifications (if applicable)
  - c) Copy of proof of payment
  - d) Copy of ID
  - e) Copy of SAQA letter (foreign applications)
  - f) Copy of passport & study permit (foreign applicants)
5. A copy of this application form with each of Appendix A, B and D must be handed by the candidate to:
  - a) The presiding pastor(s) (or assembly leader in case of an assembly without pastor) of local assembly/assemblies where candidate worshipped for the past three years (Appendix A);
  - b) The secretary of local Governing Body/Bodies where candidate worshipped for the past three years (Appendix B);
  - c) If candidate was employed between completion of previous studies and this application, referrals from employer(s) (Appendix C);
  - d) The secretary of the local Regional committee (Appendix D).
6. The forms (Appendix A, B, C and D) is confidential and must be forwarded directly by the relevant persons/bodies to the E&T Directorate.
7. The E&T Directorate reserves the right to or not to admit the applicant. The decision is final.

**NB. ALL THE FOLLOWING QUESTIONS MUST BE ANSWERED!**

**A. PERSONAL DETAILS:**

Surname				Title	
First names					
Date of birth		Gender	Male		Marital status
			Female		

Spouse's name if married			Number of dependents	
ID number			Occupation	
Postal address		Residential address		
Code:		Code:		
Home tel:		Work tel:		Fax:
E-mail address:			Cell phone:	
Current assembly:			Tel of assembly:	
Name of presiding Pastor:			Tel of Pastor:	
Region:				

Please indicate your preference with regard to study delivery site: (Please tick applicable box)

Cape Town	Johannesburg	Tshwane	Durban	Correspondence

1. WERE EITHER YOU OR YOUR SPOUSE PREVIOUSLY DIVORCED?	YES	NO
IF YES, GIVE DETAILS AND SUPPLY COPY(IES) OF LETTER(S) OF DIVORCE:		

2. HAVE YOU EVER BEEN CONVICTED IN A CRIMINAL COURT?	YES	NO
IF YES, GIVE DETAILS:		

3. HAS A CHURCH COURT EVER PRONOUNCED YOU GUILTY?	YES	NO
IF YES, GIVE DETAILS:		

4. HAVE YOU EVER BEEN DELARED INSOLVENT OR PLACED UNDER ADMINISTRATION?	YES	NO
IF YES, GIVE DETAILS:		

**B. CANDIDATE'S TESTIMONY OF CONVERSION:**

DATE AND PLACE OF BAPTISM:	
BAPTIZED BY:	





**E. CANDIDATE’S SPOUSE’S DECLARATION:**

a) I am a born again Christian

Yes	No	Uncertain

b) I underwent the believers’ baptism through immersion

Yes	No	Date	By whom

c) I am baptized in the Holy Spirit with the evidence of speaking in tongues

Yes	No	Uncertain

d) Give a short summary of your history in the church (i.e. in which assemblies you grew up, worshipped, positions held etc)


e) If and when my spouse is allowed into the ministry as a pastor, I will fully support him/her

Yes	No	Uncertain

f) What is your current secular occupation?

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g) What is your passion for ministry (i.e. where would you like and prefer to be involved in the church?)


h) Are you currently involved in any area of ministry in the church? Please describe


i) What is your long term vision for yourself (for instance career wise, involvement in the church etc)


**Declaration:**

- 8. By signing this form, I declare that after reading the policies etc. I will:
  - a) abide by the student rules of the training institute which I have read, and
  - b) shall pay my tuition and all other service fees in full within prescribed due dates.
  
- 9. I further declare that I am aware that the AFM of SA is under no obligation to allow me into the Ministry Integrated Learning or place me in the ministry after the successful completion of my studies.
  
- 10. Indemnity against claims for loss or damages:

I, \_\_\_\_\_ (full name & surname) the undersigned, hereby declare that I (including my parents or dependants) shall not:

- institute any claim of any nature whatsoever against the training institute of the AFM of SA or its employees who act within their employment capacity;
- in anyway whatsoever hold the training institute or AFM of SA responsible for any loss or damage that I may suffer in person or in respect of any property of mine or which may arise directly or indirectly from my commitment as a registered student, towards Pentecostal Theological Seminary, resulting from any act or omission whatsoever during the full period of my tuition and/or practical or during any sport activity that I undertake to or from such residence or tuition or practical training or with regard to any activities at practical training locations, regardless of the manner in which such loss or damage may have occurred and regardless of who/what my be responsible.
- I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily and on my own risk.
- Should I be injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention for which I may be in dire need, the supervisory staff of the training institute may sign the necessary letters of consent on my behalf.

Finally, I understand that the terms of this indemnity shall remain in force for the duration of my studies at the training institute. I further understand that if I breach any of the rules or policy of the training institute, disciplinary action might be taken against me which might include immediate dismissal.

\_\_\_\_\_  
Student signature:

\_\_\_\_\_  
Date:

