

LITTLE FALLS CHRISTIAN CENTRE DISCIPLESHIP TRAINING CENTRE

Reg. No 98 02802/08



PostNet Suite 145, Private Bag X1, Florida Hills 1716, Republic of South Africa

Tel: +27 (0)11 958-1250

Email: admin@dtc.littlefalls.co.za

Website: www.dtc.littlefalls.co.za

Corner Hendrik Potgieter & Falls Streets, Little Falls, Roodepoort RSA

Attach your
passport-size
photo here
(or email
if form
is faxed)

APPLICATION FORM FOR ADMISSION TO FOUNDATIONAL PROGRAMME 1, FOUNDATIONAL PROGRAMME 2, LEADERSHIP PROGRAMME

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

NAME OF APPLICANT: Surname (Family name) _____

First names in full * _____ *What name are you known by? _____

Maiden name (Married women) _____ **TITLE:** ☐Mr ☐Ms ☐Mrs ☐Miss ☐Rev ☐Dr ☐Other _____

- Read **all** these instructions **before** completing the rest of this *APPLICATION FORM*.
- Complete this form by **printing** in black pen or by typing. Insufficient or wrong information will delay application process. Ensure **all** sections are filled out **completely**:
 - Foundational Programme applicants must complete **all** sections.
 - Leadership Programme applicants do not have to complete questions that are shaded in this format.
- If your **spouse** wants to study at the Discipleship Training Centre, he/she must complete his/her own *APPLICATION FORM*.
- Limit remarks to space provided, but answer **all** questions clearly and fully. Incomplete applications will not be processed. Should any answer require more space, use proper references and record additional information on the last page of this *APPLICATION FORM*. Where applicable, **tick** (✓) in the appropriate blocks (☐).
- If a question does not apply to you, write *N.A.* (Not Applicable) in the space provided.
- Ensure that the **Legal Consent, Medical Consent, Personal Declaration and Enrolment Contract** of this *APPLICATION FORM* are signed.
- **The following must accompany your APPLICATION FORM:**
 - The registration fee (R350.00). **No** application will be considered without payment of this non-refundable fee, covering admin expenses. The registration fee can be paid into the Discipleship Training Centre's bank account **only** if proof of payment (stating your full names and other details) is emailed or faxed to the Discipleship Training Centre. Our banking details are as follows:

Bank: Absa Bank	Account Holder: LFCC Discipleship Training Centre	Reference: Name and Surname
Branch Code: 632005	Account Number: 01044241362	Swift Code: ABSAZAJJ
 - A **current** passport-size photograph, head and shoulders close-up **only**. If posting the *APPLICATION FORM*, attach the photo to the form. If returning the *APPLICATION FORM* by fax, your photo needs to be posted or emailed to us, giving your full names. Do **not** use snapshots, photos with other people pictured with you or cut-away photos.
 - The completed *ENROLMENT CONTRACT* of this *APPLICATION FORM*.
 - The enclosed *PASTOR'S RECOMMENDATION FORM*. This **confidential** questionnaire will be for the Discipleship Training Centre's use only. This form **must** be completed by your local church **pastor** and **returned directly** to the Discipleship Training Centre. First-time applicants must also attach a copy of their church's statement of faith to this form. This document is **important** for the processing of your application. This does not apply if you are a member of LITTLE FALLS CHRISTIAN CENTRE (LFCC). Your application **cannot be processed** until this recommendation has been returned. Therefore, ask your pastor to complete and return this form **promptly**.
- Your application **can only** be processed if you have followed **all** the above instructions. The Discipleship Training Centre should be notified of any change of address or contact details after submission of your application. Should receipt of your application not be acknowledged after mailing or submission, enquiry should be made.

FOR DISCIPLESHIP TRAINING CENTRE USE ONLY

Study Programme	<input type="checkbox"/> (FPR1)	<input type="checkbox"/> (FPR2)	<input type="checkbox"/> LPR
ITEM	DATE RECEIVED	CHECKED	
Application Form			
Pastor's Recommendation			
Applicant's Signatures			
Registration Fee: <input type="checkbox"/> R350		Receipt No:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT
RESULT	COMMENTS		
<input type="checkbox"/> Accepted <input type="checkbox"/> Provisionally Accepted			
<input type="checkbox"/> Interview Needed			
<input type="checkbox"/> Re-Application Required <input type="checkbox"/> Unsuccessful			
STATUS	COMMENTS		
<input type="checkbox"/> Active			
<input type="checkbox"/> No Show <input type="checkbox"/> Dropped Out			
<input type="checkbox"/> Suspended <input type="checkbox"/> Reinstated			
<input type="checkbox"/> Withdrawn <input type="checkbox"/> Excluded			
<input type="checkbox"/> Completed <input type="checkbox"/> Bad Debt			

A. CONTRACT CONDITIONS

1. APPLICATION / REGISTRATION

A non-refundable Registration Fee must accompany each Application Form. Students will not be registered or receive student cards until the Registration Fee has been paid.

2. FINANCIAL DELINQUENCY

2.1 Campus fee instalments are paid **in advance**. The monthly instalment is due and payable on the first day of each month and then becomes past-due. Past-due payments will be accepted until the seventh day of the month. **A student could be refused entrance into the class after the seventh day of the month if the instalment is not paid.** Such students could be suspended from Campus for non-payment and be required to hand in their student cards at the Discipleship Training Centre's office. Should suspended students not respond favourably within seven days of receiving notice of suspension, this could result in the students automatically excluding themselves from the Discipleship Training Centre ("the Campus").

2.2 Students with any overdue accounts will not receive any handouts, *Study Guides* or other material. Such students are not allowed to attend any Campus function until their fees are brought up to date. The Discipleship Training Centre reserves the right to refuse such students their term reports.

3. CANCELLATION / WITHDRAWAL POLICY

Students that leave the Campus for any reason during the orientation programme or the first term will be liable for the registration fee.

4. REFUND POLICY

4.1 If Campus fees have been paid in a lump sum and then, for any reason, the student voluntarily withdraws from the Campus, the remainder of the general fee will be refunded on a pro-rata basis, at the sole discretion of the Discipleship Training Centre and mailed to the student within thirty days. No refund will be allowed for registration fees or *Study Guides* already issued.

4.2 No refund will be given if a student is excluded due to non-compliance of Campus requirements.

B. STUDY PROGRAMME

1. HAVE YOU ALREADY SUCCESSFULLY COMPLETED ANY DISCIPLESHIP TRAINING CENTRE STUDY PROGRAMME[S]? ☐ Yes ☐ No

If Yes, which programme[s] and when? _____

Student No when first enrolled: _____

2. FOR WHICH STUDY PROGRAMME ARE YOU CURRENTLY APPLYING?

STUDY PROGRAMME	STIPULATIONS
<input type="checkbox"/> Foundational Programme (1)	–
<input type="checkbox"/> Foundational Programme (2)	(Applicant must have successfully completed the Foundational Programme 1 – 12 modules)
<input type="checkbox"/> Leadership Programme	(Applicant must have successfully completed the Foundational Programme 2 – 12 modules)

3. STUDY METHOD: ☐ Central Campus ☐ Online Learning

4. ARE YOU CURRENTLY INVOLVED IN ANY OTHER STUDIES? ☐ Yes ☐ No If Yes, give detail: _____

C. PERSONAL INFORMATION

1. TELEPHONE NUMBERS:

Home:	Area code()	Work:	Area code()
Fax:	Area code()	Cell:	

2. ADDRESSES:

Email:			
Residential:			
Postal:		Postal code:	

3. BIRTH DATE: Day _____ Month _____ Year _____ AGE: _____ GENDER: ☐ Male ☐ Female

4. IDENTITY / PASSPORT No: _____ HOME LANGUAGE: _____

5. OCCUPATION: _____

6. NEAREST RELATIVE (NOT SPOUSE) TO BE NOTIFIED IN CASE OF EMERGENCY:

(This person must have a telephone – Only required for students in Central Campus)

Name:			Relationship:	
Home Tel No	Area code()	Work Tel No	Area code()	
Fax No	Area code()	Cell Tel No		
Residential Address:				

D. MARITAL STATUS INFORMATION

1. **CURRENT MARITAL STATUS:** ☐Single ☐Engaged ☐Married ☐Widow[er] ☐Separated ☐Divorced ☐Remarried

2. **PERSONAL DATA OF SPOUSE / FIANCÉ[E]** Surname:_____ First name:_____

Home:	Area code()	Work:	Area code()
Fax:	Area code()	Cell:	Area code()

3. SPIRITUAL DETAILS:

Is your spouse / fiancé[e] a professed Christian? ☐Yes ☐No

Is your spouse / fiancé[e] in agreement that you attend the Discipleship Training Centre? ☐Yes ☐No If No, explain:

E. MEDICAL DATA

1. **ARE YOU PRESENTLY TAKING ANY MEDICATION?** ☐Yes ☐No If Yes, name of medication:_____

How often do you take it?_____ Name of attending physician:_____

(If currently on medication for any sickness or disorder, a letter of recommendation from your doctor must accompany this application form.)

2. **DO YOU HAVE ANY KNOWN MEDICAL ALLERGIES?** ☐Yes ☐No If Yes, specify medication:_____

3. **ANY SPECIFIC MEDICAL / PSYCHIATRIC CONDITION WE SHOULD KNOW OF?**

F. SPIRITUAL DETAILS

1. **DO YOU BELIEVE IN JESUS AND HAVE YOU PROFESSED HIM AS YOUR SAVIOUR AND LORD (ROMANS 10:9, 10)?** ☐Yes ☐No

If Yes, briefly relate your experience: _____

HAVE YOU BEEN BAPTISED AS A BELIEVER BY IMMERSION IN WATER (MATTHEW 28:19)? ☐Yes ☐No

If Yes, when and where were you baptised in water? _____

HAVE YOU BEEN BAPTISED IN THE HOLY SPIRIT (ACTS 2:4)? ☐Yes ☐No

If Yes, briefly relate your experience: _____

2. **BASIC BELIEFS** Do you believe that the Bible is God's inspired Word and the only infallible guide in matters of conduct and doctrine? ☐Yes ☐No
Do you believe in the Trinity; that God is one, but manifested in three persons: the Father, the Son and the Holy Spirit? ☐Yes ☐No
Do you believe in the deity of Jesus Christ; that He is God made flesh and the only Mediator between God and man? ☐Yes ☐No

G. CHURCH BACKGROUND

1. **IN WHICH CHURCH / DENOMINATION HAVE YOU BEEN RAISED?** _____

2. **DETAILS OF LOCAL CHURCH THAT YOU CURRENTLY ATTEND** Church name:_____

Address:_____ Senior Pastor's name:_____

ARE YOU PRESENTLY INVOLVED IN A HOME CELL? ☐Yes ☐No Home Cell Leader's name:_____

HOW LONG HAVE YOU BEEN ATTENDING THIS LOCAL CHURCH? _____

3. **WHAT CHURCH / MINISTRY ACTIVITIES ARE YOU PRESENTLY (OR WERE YOU FORMERLY) INVOLVED IN?** (Tick ☒ F = Formerly, P = Presently)

F P	F P	F P	F P
<input type="checkbox"/> Teaching Ministry	<input type="checkbox"/> Hospital Ministry	<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Conducting Weddings / Funerals
<input type="checkbox"/> Missionary Ministry	<input type="checkbox"/> Visitation Ministry	<input type="checkbox"/> Creative Ministry	<input type="checkbox"/> Church Pioneering
<input type="checkbox"/> Evangelistic Work	<input type="checkbox"/> Counselling	<input type="checkbox"/> Television / Sound Ministry	<input type="checkbox"/> Church Construction
<input type="checkbox"/> Preaching Crusades	<input type="checkbox"/> Leading Home Cell	<input type="checkbox"/> Audio / Video Duplicating	<input type="checkbox"/> Christian Education
<input type="checkbox"/> Street Ministry	<input type="checkbox"/> Pastoral Care	<input type="checkbox"/> Writing / Publication	<input type="checkbox"/> Community Ministry
<input type="checkbox"/> Ministry to Poor	<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Public Relations / Media	<input type="checkbox"/> Business People
<input type="checkbox"/> Prison Ministry	<input type="checkbox"/> Children's Ministry	<input type="checkbox"/> Church Administration	<input type="checkbox"/> Fund Raising

H. CHURCH TESTIMONIAL

1. **MINISTER COMPLETING YOUR PASTOR'S RECOMMENDATION FORM** (This minister must be your pastor in your current local church)

Pastor's name:_____ Address:_____

Tel No _____ Work: _____ Int code() Area code() _____ Cell: _____ Int code() () _____

2. **DO YOU HOLD MINISTERIAL CREDENTIALS WITH ANY ORGANISATION?** ☐Yes ☐No If Yes, indicate ministerial status: ☐Licensed ☐Ordained

Which organisation / denomination?

I. ENROLMENT CONTRACT

God is able to meet all the needs of our students, but willingness and ability to fulfil financial responsibilities are vital for successful ministry. Some ministers with great potential have faltered because of improper handling of finances, thereby bringing reproach to the kingdom of God. Thus, we desire all the financial information required below.

1. **PAYMENT OPTION:** ☐ Instalment Plan ☐ Upfront Payment

2. **FEES RATE:** ☐ Standard Rate ☐ Special Rate (☐ Immediate Family Member ☐ Disabled ☐ Pensioner) ☐ LFCC Staff Rate

3. **PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT:**

PERSON	DETAILS		
<input type="checkbox"/> Spouse	Name:	Tel No W:()	Tel No H:()
	Email Address:	Fax No: ()	Cell No: ()
	Postal Address:		Postal code:
<input type="checkbox"/> Parent[s] / Guardian	Name:	Tel No W:()	Tel No H:()
	Email Address:	Fax No: ()	Cell No: ()
	Postal Address:		Postal code:
<input type="checkbox"/> Sponsor	Name:	Tel No W:()	Tel No H:()
	Company / Ministry / Church:		
	Email Address:	Fax No: ()	Cell No: ()
	Postal Address:		Postal code:
<input type="checkbox"/> Self			

I, (Applicant or if under 18 years, parent[s] / guardian) _____, and

I, (Sponsor, if applicable) _____, hereby agree to be liable / jointly and severally liable, for the contract amount, subject to the conditions and policies stipulated. I / We commit to ensure that all fees are paid before or on the due date. Failure to attend classes by the prospective student will not reduce my / our liability under this contract.

Signature of applicant (or of parent[s] / guardian, if applicant is under 18 years): _____ Date: _____

Signature of sponsor (If applicable): _____ Date: _____

J. DECLARATIONS

1. **LEGAL CONSENT** (If applicant is under 18 years of age):

"I / We, parent[s] / legal guardian of the applicant, hereby consent to the applicant's intended studies at the Discipleship Training Centre."

Signature of parent[s] / guardian: _____ Date: _____

2. **MEDICAL CONSENT:**

"I hereby grant permission to the Discipleship Training Centre or a consulting physician to render to me any emergency treatment or medical care that might be deemed necessary. When necessary for executing such care, I grant permission for hospitalisation at an accredited hospital." ☐ Yes ☐ No

(You must tick ☒ Yes or No in one of the blocks following the above statement and then endorse with signature below. If no block is ticked and/or the medical consent is not signed below, the Discipleship Training Centre accepts that permission for emergency treatment or medical care is **not** granted.)

Signature[s] of applicant (and if under 18 years, parent[s] / guardian): _____ Date: _____

3. **APPLICANT'S PERSONAL DECLARATION:**

In order for one to assume a leadership role in Christian ministry, our conviction is that the highest standards of personal conduct and moral living should be maintained. Our persuasion is that this includes abstinence from the use of tobacco, intoxicants and illegal or habit-forming drugs while attending the Discipleship Training Centre. We do not condone any immoral conduct as thought by the Word of God. Understanding our position on these matters, please confirm below your acceptance of these inherent requirements. Non-compliance could exclude you from acceptance.

"I will comply with the above stated policy of the Discipleship Training Centre ("the Campus"). I understand that if the Discipleship Training Centre finds that I have violated this policy, it will be grounds for exclusion from studies. If changes occur after I have signed this application, I will inform the Discipleship Training Centre with details and explanation in writing."

I have submitted all documents, as well as my registration fee, required for this application. I declare that all the information contained in this application is correct and true. I will inform the Discipleship Training Centre of any interim changes. If the Campus is notified that any information is false, my application could be rejected or, if I am accepted, it could be grounds for exclusion from the Discipleship Training Centre studies."

If I am accepted as a student, I agree to abide by all the Campus rules. I will exemplify good Christian character and conduct at all times and places during the period that I am a student. I will faithfully fulfil my financial commitments to the Campus. I appreciate that attendance at the Discipleship Training Centre is a privilege and not a right; and that the Campus reserves the right to require the exclusion of a student at any time if such action is deemed necessary to safeguard the ideals of scholarship or the moral atmosphere of the Discipleship Training Centre."

I understand that all rights are reserved on the Discipleship Training Centre's material, names and logos; and I undertake to honour this copyright."

I hereby grant permission to the Discipleship Training Centre and LFCC to use any photographs taken of me in conjunction with Campus activities. I understand that these photographs become the property of the Discipleship Training Centre and may be used at any time without remuneration to me."

I hereby indemnify the Discipleship Training Centre and LFCC (or any of its employees, servants or agents) against any loss or injury of whatever nature sustained by myself or any member of my family in the course of any Discipleship Training Centre or LFCC activities."

Signature[s] of applicant (and if under 18 years, parent[s] / guardian): _____ Date: _____

Signature of witnesses: 1. _____ 2. _____ Date: _____

(The Discipleship Training Centre does not discriminate on the basis of race, ethnic origin, gender or age. However, applicants must meet the criteria for acceptance. The Registrar will notify applicants in writing whether they have been accepted into the study programme[s]).

K. ADDITIONAL NOTES