

NB: The information required on this form is for the sole purpose of processing this application.

Title Initials Surname

First Name Preferred Name

Maiden Name (If Married)

Marital Status Gender Date of Birth

ID No./Passport No. Race

Home Language South African Citizen?

Cell Phone No. (1) Cell Phone No. (2)
Home No. Work No.
Fax No. E Mail

Residential Address		
		Code
Postal Address		
		Code

(The information required below is non-compulsory)

Facebook	☐
Instagram	☐
Tik Tok	☐
Twitter	☐

Surname First Name

Relationship Cell Phone No.

Home No. Work No.

Fax No. E Mail

South African Citizen?

INTERNATIONAL LEARNER/ APPLICANT

Passport No.

Date Arrived In SA Nationality

Domicile

Code

Study Permit No. Valid For

PROGRAMME REGISTRATION

Full Time ☐

Part Time ☐

SPIRITUAL DETAILS

Have you been baptized as a believer by immersion in water ? Yes ☐ No ☐

If Yes, when and where

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 Godhead; 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 ☐

HAVE YOU EVER BEEN INVOLVED WITH ANY OF THE FOLLOWING

Select **F** = Formerly or **P** = Presently

Occult ☐

Astrology ☐

Fortune Telling ☐

New Age Movement ☐

Cults ☐

Secular Humanism ☐

Secret Societies ☐

Ancestral worship ☐

Free masonry ☐

COUNSELLING

(The information required below is non-compulsory)

Have you been counseled in the last six months concerning personal or family issues?

Yes ☐ No ☐

If Yes, explain briefly:

Who counseled you?

Where were you counseled?

Have you ever attempted suicide? Yes ☐ No ☐

If Yes, explain briefly:

Since your conversion, have you been involved in any of the following?

Homosexuality: Yes ☐ No ☐

Sexual immorality: Yes ☐ No ☐

Since your conversion are you suffering from any addictions ?

SPIRITUAL DETAILS

Which church / denomination do you consider yourself to have been raised?

Details of local church which you currently attend:

Church Name: Address:

How long have you attended this church? :

Which church did you attend before? For how long :

WHAT CHURCH / MINISTRY ACTIVITIES ARE YOU PRESENTLY (OR WERE YOU FORMERLY) INVOLVED IN

Select **F** = Formerly or **P** = Presently

Ministry Worship Counsel	☐
Teaching	☐
Singing	☐
Counseling	☐
Preaching	☐
Mission trips	☐
Media	☐
Prison Ministry	☐
Youth Ministry	☐
Television	☐
Sunday School	☐
House Church	☐
Writing / Publication	☐
Hospital Visitation	☐

Have you been involved in any other church / ministry activities?

What is your position in your recommending congregation?

How long have you held this position?

MEDICAL DATA PHYSICAL CONDITION (The information required below is non-compulsory)

E = Excellent, G = Good, F = Fair, P = Poor (please tick relevant box)

General Health	☐
Eyesight	☐
Hearing	☐
Heart	☐
Lungs Illness	☐

Select **F** = Formerly or **P** = Presently

Eye / Ear / Nose / Throat Disease ☐

Genito-Urinary Disease ☐

Chemical Imbalance ☐

Respiratory Condition (e.g. Tuberculosis, Asthma) ☐

Diabetes / Thyroid / Glandular Disorder Nervous / Mental Complaint
Spinal / Muscular Disorder Heart ☐

Disorder (e.g. Heart Murmur, Rheumatic Fever) Epilepsy / Seizures /
Paralysis Eating Disorder (e.g. Anorexia, Bulimia) ☐

Abnormal Blood Pressure Cancer / Tumour Tropical Disease (e.g.
Bilharzia, Malaria) ☐

Disorder of Digestive System Contagious or Transmittable Disease Other
(Specify) ☐

If a condition ticked above occurred in the past five years, please state the condition;

date of occurrence

Length of illness : Place of hospitalization (if applicable)

and any permanent effects :

Are you currently taking any chronic medication ?

Yes ☐ No ☐

If Yes, medical condition:

How often do you take it?

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

Name of medical doctor:

Do you have any known medical allergies?

Yes ☐ No ☐

If Yes, specify :

Do you have any physical disabilities?

Yes ☐ No ☐

If Yes, specify :

Have you ever been treated for a mental disorder ?

Yes ☐ No ☐

If Yes, specify :

IN CASE OF FEMALE APPLICANTS

(The information required below is non-compulsory)

Are you pregnant?

Yes ☐ No ☐

Baby's expected date of birth:

CHILDREN DETAILS

Do you have any children?

Yes ☐ No ☐

If Yes, please provide details:

Surname First Name Age :

Surname First Name Age :

Surname First Name Age :

MARITAL STATUS INFORMATION

Marital Status:

Personal data of spouse/fiance (e):

Surname First Name

Date of Birth Age : Country of Birth

ID No./ Passport No. :

Occupation :

MARRIAGE DETAILS

Date of Marriage Place of Marriage:

Have you (or your spouse) been previously married?

Yes ☐ No ☐

If Yes, please complete the below:

Self ☐

Spouse ☐

How many times? Date of Last Marriage

Date(s) of divorce(s)

Is your spouse a professed Christian? Yes ☐ No ☐

Do you have children or other family members that are dependent on you financially? Yes ☐ No ☐

If Yes, please stipulate details of relationship and age of each dependent and extent of dependance:

Name Relationship Age :

Name Relationship Age :

Name Relationship Age :

Will your spouse be enrolling at SABC?

Yes ☐ No ☐

Have you or your spouse previously attended SABC?

Yes ☐ No ☐

Is your spouse in agreement that you attend SABC? Yes ☐ No ☐

If No, please provide details:

Will your spouse (and your dependent family) be resident with you while you attend SABC?

Yes ☐ No ☐

(We prefer that married couples with their children will be in residence together during their studies at SABC from registration to graduation. We do not desire to have a part in the separation of husband, wife or families in order for anyone to attend SABC).

APPLICANT PAYMENT PLAN AND/OR SPONSOR DETAILS

South African Citizen? ☐ ☐

Title Initials Surname

First Name Preferred Name

Maiden Name (If Married)

Marital Status Gender Date of Birth

ID No. Home Language :

Signature of The Sponsor Date Signed

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