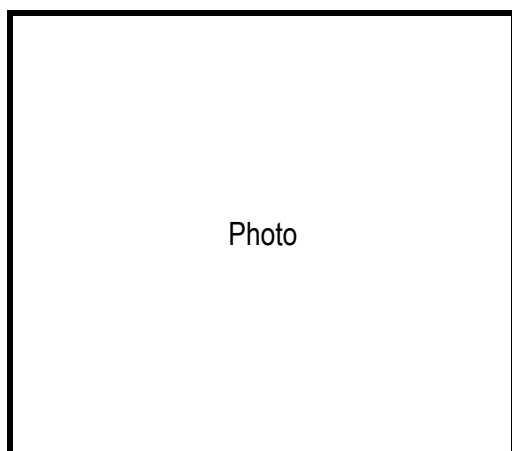


COUNTRY OF BIRTH					
Republic of South Africa					
Other (Specify)					

CITIZENSHIP					
Republic of South Africa					
Other (Specify)					

MARITAL STATUS	
Never Married	
Married	
Widower	
Divorced	
Engaged	
OCCUPATION (Current)	
Scholar	
University Student	
Technikon Student	
Technical College Student	
Teacher's Training College Student	
Technical Institute Student	
Other (Specify)	



A2: Information - Previous and / or Current Studies

Furnish information on all previous registrations to university or any other tertiary institution e.g. Technikon, Nursing College, Teacher's Training College etc.

Institution: Unisa, UCT, WITS, UPE ect	Student No. at Institution	Year / Years e.g. 1979 - 81	Degree / Diploma e.g. Bcom, BSc, Ndip. Etc.	Completed		Date Completed e.g. 30/11/90
				YES	NO	

Was the applicant ever refused entry to or expelled from a tertiary or post-secondary institution?	YES	If YES, give details
	NO	

A3: Information - Parent / Guardian

Title e.g. Mr	Initials	Relationship e.g. Foster, Father etc.
Surname		
Physical Address	Postal Code	Occupation of Parent / Guardian
		Occupation
		Organization
Tel. No.	Cell No.	
Work No		
Fax No.		
E-mail Address		

No. of Dependants	Name	Age	Relationship
[1]			
[2]			
[3]			
[4]			

B: School Information																			
School Name																			
Highest Standard Passed					Year Passed														
Postal Address																			
Dialling Code & Tel. No.															Postal Code				

C: Language Ability				
What is your home language ?		Language Ability		
Name Other Languages		Read	Write	Speak
		Read	Write	Speak
		Read	Write	Speak
		Read	Write	Speak

D: Musical Instruments				
Can you at present play a musical instrument ?		YES		NO
What musical instrument/s can you play ?				
Do you have a formal music qualification ?		YES		NO
				If YES, what grade ?
Have you led Worship before ?		YES		NO
				If YES, where ?

E: Christian Experience																			
Name of Church / Fellowship																			
Tel. No.																			
Pastor's / Leader's Name																			
List responsibilities that you had in the past in a local church e.g. Youth Leader, Drama, Praise and Worship etc.																			

How long have you attended ?		Have you had any Christian training ?	YES	
			NO	
If YES, provide details				

Briefly describe your conversion experience and what your present relationship with Jesus means to you ?
Do you see yourself in fulltime ministry or in business in the future ?

F: General Questions				
Are you medically fit ?	YES		NO	
Are you currently taking any medication ?	YES		NO	
Are you on any chronic medication ?	YES		NO	
If Yes, specify				

Rate your present health on a scale of 1 - 5 (1 = excellent & 5 = poor)	1		2		3		4		5	
Rate your ability to engage in vigorous activity (1 = very able & 5 = unable)	1		2		3		4		5	
Do you smoke ?	YES		NO							
Do you drink alcohol beverages ?	YES		NO							
Have you ever suffered from mental illness or depression ?	YES		NO							
Do you have any allergies ?	YES		NO							

If Yes, specify				
Any other sicknesses ?	YES		NO	
If Yes, specify				
Do you have the necessary finances to support ?	YES		NO	
If not, how do you intend providing for your fees ?				
If Yes, specify				

I / We

Empty rectangular box for name entry.

(PARENT / GUARDIAN / SPOUSE to provide full name and surname)

Identity Number field with 11 empty boxes for digits.

declare, undertake and agree:

- [1] That clause 5 above is understood and accepted
[2] That I agree to pay the course and boarding fees of the applicant as set for this course

Empty rectangular box for signature.

Signature of Parent / Guardian / Spouse

Empty rectangular box for date.

Date

PLEASE RETURN THIS FORM IN AN ENVELOPE CLEARLY MARKED
" JESUS BE SET FREE MINISTRIES "
Private Bag X1
Postnet Suite 131
Melkbosstrand
7437

OFFICE NOTES

Table with columns for tracking application steps (Y, Y, M, M, D, D) and contact status (Accepted, YES, NO).



Jesus Be Set Free Ministries

Holding Healing Everywhere

www.jesusbesetfree.tv

Jesus Be Set Free Discipleship Training

Confidential Reference

We would appreciate it if you would complete this form in order to aid us in evaluating the applicant

THE APPLICANT CANNOT BE CONSIDERED UNTIL WE HAVE RECEIVED THIS REFERENCE FORM FROM YOU

Name of Applicant											
Your name as a Reference											
Address											
Postal Code											
Dialling Code & Tel. No.			Home								
Work						Cell					
E-mail Address											

[1] Length of time of your acquaintance with applicant years months

[2] What is your relationship with the applicant _____
(e.g. friend, teacher, minister)

[3] Do you feel you know the applicant well enough to complete this form ? YES NO

[4] **Physical Condition**

- Frequently
- Somewhat below par
- Fairly healthy
- Good health

Attractiveness

- Avoided by others
- Tolerated by others
- Liked by others
- Well liked by others

Intelligence

- Learns and thinks slowly
- Average mental ability
- Alert, has good mind
- Brilliant, exceptional

Emotional resilliance

(To trying situations)

- Gets angry, Impulsive
- Withdraws
- Gets discouraged easily
- Meets constructively

Teamwork

- Frequently caused friction
- Insists on having own way
- Usually co-operative
- Works well with others

Willingness to serve

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve as needed

Leadership

(Ability to inspire others & maintain their confidence)

- Gets angry, Impulsive
- Withdraws
- Gets discouraged easily
- Meets constructively

Responsiveness

(To the feelings and needs of others)

- Slow to sense others feelings
- Reasonable responsive
- Understanding
- Unusual responsiveness

Achievement

(Ability to formulate, execute and carry plans to conclusion)

- Starts but does not finish
- Does only what is designated
- Meets average expectation
- Superior creative ability

- Relatively superficial
- Over emotional
- Genuine but mild
- Warmly contagious

Motivation - Check any of the following that you feel are motivating the applicant

- | | |
|--|--|
| <input type="checkbox"/> Christian Service | <input type="checkbox"/> Receive help in ministry |
| <input type="checkbox"/> Desire to spread the gospel | <input type="checkbox"/> Discipleship |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Other (specify) | |

[5] Personal Qualities

Listed below are some of the qualities which describe a leader. Please use the letters W, D, A, M or S to rate as follows: **W = Weak, D = Developing, A = Average, M = Mature, S = Strong**

- | | | |
|---|---|--|
| <input type="checkbox"/> Positive contagious spirit | <input type="checkbox"/> Assurance of God's calling | <input type="checkbox"/> Social poise |
| <input type="checkbox"/> Ability to motivate others | <input type="checkbox"/> Respect for strong convictions of others | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Teachable attitude | <input type="checkbox"/> Able to deal with personal problems | <input type="checkbox"/> Able to communicate clearly |
| <input type="checkbox"/> Able to receive criticism | <input type="checkbox"/> Relationship with others | <input type="checkbox"/> Emotional stable |
| <input type="checkbox"/> Able to make decisions | <input type="checkbox"/> Relationship in marriage | <input type="checkbox"/> Personal hygiene and appearance |
| <input type="checkbox"/> Christian life and testimony | (where applicable) | |

[6] Effectiveness

Listed below are some tendencies which, if present, may reduce the effectiveness of the person. Please underline words or descriptions which may pertain to the applicant.

- Impatient / intolerant / argumentative / domineering / "cocky" / critical of others
- Easily embarrassed / offended / discouraged
- Frequently worried / anxious / nervous or tense / given to moods / shy or self-conscious
- Prejudiced towards groups / races / nationalities
- Given to exclusive and absorbing infatuations
- Lacking in humour / Unable to take a joke
- Unable to cope with stress / erratic in attitudes or actions

If you have noted any of these or similar limitations in the Applicant, please specify on a separate sheet.

[7] Please comment briefly on the family and social background of the Applicant.

[8] Is the Applicant a responsible person ?

YES		NO	
-----	--	----	--

[9] Please describe any physical limitations the Applicant may have

[10] Has the Applicant undergone any psychiatric treatment ?
If YES, please provide further details

YES		NO	
-----	--	----	--

[11] Please use a separate sheet of paper to elaborate if the answer is YES to any of the following questions

(a) Has the Applicant proven on any occasion to be unreliable, dishonest or of questionable character ?

YES		NO	
-----	--	----	--

(b) As far as you know, has the Applicant ever been arrested for any offence other than minor traffic violations ?

YES		NO	
-----	--	----	--

(c) To your knowledge, has the Applicant ever been involved in drug abuse, homosexuality or the occult ?

YES		NO	
-----	--	----	--

[12] What is your overall evaluation of the Applicant's promise as a leader ?

- Applicant is definitely unsuited
- At this time I feel the Applicant is not suited
- Applicant is a good prospect, but I do have some reservations

- Applicant is an average prospect
- Applicant is an above average prospect
- Applicant is an unusually exceptional prospect

[13] Do you recommend the Applicant ? Please comment

Signature of Student

Date

PLEASE RETURN THIS FORM IN AN ENVELOPE CLEARLY MARKED " CONFIDENTIAL " TO:
" JESUS BE SET FREE MINISTRIES "
 Private Bag X1
 Postnet Suite 131
 Melkbosstrand
 7437

Procedure:

- [1] This form is used along with the application form as a guide for acceptance to the training courses. The main use of thus information is to assist us with serving the needs of the individual. We therefore ask you to be honest with both the positive and negative aspects of the applicant.
- [2] The application is prayerfully considered by the leadership of Jesus Be Set Free Ministries.
- [3] For any information please contact Jesus Be Set Free Ministries, Robbie at 083 9898 149



Jesus Be Set Free Ministries

Holding Healing Everywhere

www.jesusbesetfree.tv

Jesus Be Set Free Discipleship School Financial

Registration for JBSF Discipleship Training R 1 000.00

School of Grace Evangelism & Healing R 3 500.00

Food R 9 900.00

Accommodation R 8 100.00

Outreaches & Practical Ministry R 7 500.00

ANNUAL COSTS R 30 000.00

**PLEASE NOTE THAT THE TOTAL COST OF THE COURSE IS SUBJECT TO CHANGE
NB: NO REFUNDS IF STUDENT WISHES TO WITHDRAW DURING COURSE**

BANK DETAILS

FIRST NATIONAL BANK

ACCOUNT NAME: Be Set Free

ACCOUNT NUMBER: 6205 184 8855

ACCOUNT TYPE: Cheque

BRANCH CODE: 222 726

* Discipleship Training is a discipleship year for young people at Jesus Be Set Free Ministries.

* Discipleship Training will help one experience on a practical level (through outreaches) what you have learned academically

* The teaching of Robbie Cairncross and other men of God will be the actual School of Grace Evangelism & Healing Course.