



FULL GOSPEL CHURCH OF GOD COLLEGE NPC

NON PROFIT COMPANY REGISTRATION NUMBER: 2001/013711/08

AAS01

COMMITTED TO EXCELLENCE IN CHRISTIAN EDUCATION AND TRAINING

9 JAN SMUTS AVENUE, IRENE
TEL: (012) 667 2527 / 6034 / 1846

PO BOX 60556, PIERRE VAN RYNEVELD, 0045
FAX: (086) 558 0847

APPLICATION FOR ADMISSION TO STUDY

PART A : DETAILS OF COURSE & ENTRANCE

1. Indicate Which In-house Short Course You Intend Registering For:

Approved Theology Course - Level I		Alternate Ministry Course - Level I	
Approved Theology Course - Level II		Alternate Ministry Course - Level II	
Approved Theology Course - Level III		Alternate Ministry Course - Level III	

PART B : PERSONAL DETAILS OF STUDENT

1	SURNAME					
2	FIRST NAME(S)					
3	TITLE	Mr.	Mrs.	Miss	Ms.	Rev
4	I.D NUMBER					
5	DATE OF BIRTH					
6	GENDER	MALE	FEMALE			
7	MARITAL STATUS	MARRIED	SINGLE	WIDOWED	DIVORCED	SEPARATED
8	POPULATION	AFRICAN	INDIAN	WHITE	COLOURED	FOREIGN
9	NATIONALITY					
10	HOME LANGUAGE					
11	DENOMINATION					

PART C : RESIDENCY DETAILS OF STUDENT

12	Are you a permanent resident of South Africa ? <i>{If not, what is your country of permanent residence?}</i>	YES	NO
13	PASSPORT NUMBER	EXPIRY DATE	
14	PERMIT NUMBER	EXPIRY DATE	

PART D : MEDICAL DETAILS OF STUDENT

15	HEALTH	GOOD	FAIR	BAD
16	Do you have any physical and/or mental disabilities or diseases? <i>{If yes, please describe}</i>	YES	NO	
17	Do you have your own medical aid / insurance? <i>{If yes, please state name of medical aid / insurance}</i>	YES	NO	

PART E : CONTACT DETAILS OF STUDENT

18	RESIDENTIAL ADDRESS:
19	POSTAL ADDRESS:

20	CONTACT INFO	HOME		CELL	
		WORK		EMAIL	
		FAX			

21	NAME & ADDRESS OF EMPLOYER:

CONTACT DETAILS OF SPOUSE (<i>if married</i>) OR PARENT / GUARDIAN (<i>if a minor</i>)					
22	NAME				
	ID NUMBER				
	CONTACT INFO	HOME		CELL	
		WORK		EMAIL	
	ADDRESS:				

CONTACT DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES					
23	NAME				
	ID NO.				
	CONTACT INFO	HOME		CELL	
		WORK		EMAIL	

COURIER ADDRESS { <i>It must be a street address. It can be your home or work address!</i> }					
24	Contact & Tel. No.				
	Exact Street				
	Suburb				
	City / Town				
	Province		CODE		

PART F : ACADEMIC DETAILS OF STUDENT

GENERAL EDUCATION		
25	HIGHEST STANDARD / GRADE PASSED IN HIGH SCHOOL	
	YEAR PASSED	

HIGHER EDUCATION (DEGREE / DIPLOMA / CERTIFICATE)			
26	INSTITUTION NAME	COURSE NAME	YEARS ATTENDED
			FROM TO

PART G : DETAILS OF CHURCH AFFILIATION

27	NAME OF CHURCH	
	NAME OF PASTOR	

PART H : ALTERNATIVE DETAILS (Next Of Kin)

CONTACT DETAILS OF PERSON OTHER THAN SPOUSE AND/OR PARENT					
28	NAME				
	RELATION				
	CONTACT INFO	HOME		CELL	
		WORK		EMAIL	

PART I : COMMUNICATION PREFERENCE

How would you like the College to contact and market to you? {Choose in order of preference!}

Yes		No		SMS		<i>Preference (e.g. 1)</i>
Yes		No		EMAIL		<i>Preference (e.g. 2)</i>
Yes		No		FAX		<i>Preference (e.g. 3)</i>

PART J : DECLARATION AND UNDERTAKING

If accepted I, the undersigned, hereby declare that I am fully aware of the conditions hereunder and undertake to:

1. Complete this form, and any future forms pertaining to my studies with this College, honestly.
2. Ensure that my student number is always indicated as beneficiary reference when making payment.
3. Accept that should any respective payments not reach the College as agreed to, not only will I forfeit studying in that respective year / semester and not graduate at the end of the course, but also my omission of payment as agreed upon the relative 'FSB Fees Schedule 2019' will be construed as my annulment of admission and registration.
4. Be responsible for the prompt payment of all and any money payable to the FGCC in terms of my / the student's enrolment and/or association with the FGCC, now and in future, as set out in more detail on the relative official 'FSB Fees Schedule 2019' documents and College brochures as determined and amended by the College from time to time. The contents of these forms, documents and brochures form the basis of the financial agreement between the College and myself/us and are regarded to be incorporated in their entirety into this agreement.
5. Abide by the various operations, policies, guidelines and procedures as set down by the College from time to time;
6. Abide by the terms and conditions as set out in the "ATC01 Terms and Conditions: Registration and Financial" and relative 'FSB Fees Schedule 2019' documents, which I agree to have read and understood.
7. Inform the College immediately, by completing and submitting the "SRF01 Student Request Form", should I decide not to pursue this application for admission any further and/or cancel my registration before the duration of the course is reached.
8. Accept that no person is permitted to receive a qualification before completing the prescribed course of studies and making full payment of the fees.

- 9. Understand that the College will at all times be entitled to summarily cancel my/the student's registration should it become apparent that the information supplied on this form is false or incorrect. I further understand that the College reserves the right to cancel my/the student's admission/registration in the event that I/the student was for any reason erroneously admitted to a qualification.
- 10. Accept that completion of any and/or all of the College's courses does not automatically provide acceptance into and/or automatically guarantee entry into the ministry of the Full Gospel Church of God in South Africa.
- 11. Accept that the Alternate Ministry Course is a non-accredited course specifically designed for ministry entry in the Full Gospel Church of God only and that the entry requirements for the FGC ministry as per the Constitution of the Church shall apply for all applicants to the ministry.
- 12. Hereby grant permission to the FGCC to disclose my personal information as defined in the Protection of Personal Information Act 4/2013 to third parties, including bursary providers, financial institutions, parents and guardians, potential employers, etc. I understand that I have the right at any time to withdraw this consent in writing by submitting a "SRF01 Student Request Form".

Yes

No {Kindly place a cross in the block that you choose}.

Signed on this _____ day of _____ at _____.

SIGNATURE OF STUDENT

SIGNATURE OF PARENT / GUARDIAN / SURETY / PERSON LIABLE FOR PAYMENT

NAME & SURNAME (Please print)

NAME & SURNAME (Please print)

ID NUMBER

ID NUMBER