



Application

Biblical Counselling Track, 2019-2020

Application Instructions:

1. Answer all questions.
2. Please PRINT in BLACK ink.
3. Use additional sheets if needed.

A. PERSONAL DETAILS

SURNAME	FIRST NAME	MIDDLE NAME/S
MAIDEN NAME (LADIES ONLY)	PREFERRED FIRST NAME	TEL. HOME
SOUTH AFRICAN IDENTITY #	PASSPORT NUMBER (<i>If no RSA ID</i>)	TEL. WORK
HOME ADDRESS POST CODE:	POSTAL ADDRESS POST CODE:	CELL PHONE
		FAX
		E-MAIL
SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH (<i>dd-mm-yyyy</i>)	COUNTRY OF CITIZENSHIP
NAME OF SPOUSE / FIANCÉE	NAMES AND AGES OF CHILDREN	
DATE OF MARRIAGE		
WHAT IS YOUR HOME (1 ST) LANGUAGE?	IS YOUR KNOWLEDGE OF THE ENGLISH LANGUAGE: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
I HAVE ACCESS TO A COMPUTER AND CAN RECEIVE CLASS NOTES, ETC. IN ELECTRONIC FORMAT: *		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*Though strongly recommended, your answer to this question will NOT affect your application for admission.</i>		

B. EMPLOYMENT

Please complete the following concerning your last three positions of employment.

ORGANISATION	LOCATION	POSITION	DATE EMPLOYED (mm/yy)
1.			___/___ TO ___/___
2.			___/___ TO ___/___
3.			___/___ TO ___/___

C. EDUCATION

List all institutions attended beyond high school in chronological order, starting with the most recent.

INSTITUTION	LOCATION	DEGREE EARNED	COURSE OF STUDY

D. REFERENCES

Indicate the persons to whom you are giving the reference forms. Use the attached forms for these references.

NAME OF REFERENCE # 1: _____

NAME OF REFERENCE # 2: _____

REFERENCES FOR PASTORS: *If you are a pastor, please have two members of your church leadership (one of which must be the **chairman** of your leadership board) complete the references.*

REFERENCES FOR LAYPERSONS: *If you are a layperson, please have your **pastor** and another **church leader** fill out the references.*

E. CHURCH INFORMATION

OF WHAT CHURCH ARE YOU PRESENTLY A MEMBER? *(Name, address, contact details)*

WITH WHICH CONFERENCE, FELLOWSHIP OR DENOMINATION IS THIS CHURCH AFFILIATED, IF ANY?

IF YOU ARE NOT A MEMBER OF A CHURCH, PLEASE EXPLAIN WHY.

Please list below your major roles of service in volunteer or vocational Christian ministry.

ORGANISATION	LOCATION <i>(city)</i>	POSITION / ACTIVITY	DATES OF SERVICE

F. STATEMENT OF FAITH

Please read our Doctrinal Statement (available at www.gracefellowship.co.za or by requesting a hardcopy from us)

IN SO FAR AS YOU HAVE FORMED AN OPINION, ARE YOU IN GENERAL AGREEMENT WITH THE DOCTRINAL STATEMENT OF GRACE SCHOOL OF MINISTRY?

- Yes No

ARE THERE INDIVIDUAL AREAS OF DISAGREEMENT?

- Yes No *If Yes, state which:*

G. SUPPLEMENTAL INFORMATION

WHAT FORMAL BIBLE TRAINING HAVE YOU RECEIVED?

IN WHAT MINISTRIES HAVE YOU UTILISED YOUR SPIRITUAL GIFTS WITHIN YOUR LOCAL CHURCH?

WHAT ROLE HAS THE LEADERSHIP OF YOUR LOCAL CHURCH PLAYED IN YOUR DECISION TO APPLY FOR THIS TRAINING? PLEASE BE SPECIFIC.

H. PERSONAL TESTIMONY & REASON FOR ATTENDING

ESSAY QUESTIONS

Respond to each of the following in your own words. Please keep each response between 200 and 400 words (about one page each), using scriptural references as appropriate:

1. WHAT IS THE SCRIPTURAL BASIS FOR YOUR SALVATION AND HOPE OF ETERNAL LIFE (I.E. GIVE US THE TESTIMONY OF YOUR SALVATION)?
2. WHY DO YOU DESIRE TO ATTEND THIS PROGRAMME AND HOW DO YOU INTEND TO USE THE TRAINING YOU WILL RECEIVE?

CONDITIONS OF APPLICATION

1. All applications are subject to a selection process and an application does not guarantee admission.
2. Grace School of Ministry reserves the right to request further documentation and supporting documentation, and may impose further requirements upon the student before an application will be taken into consideration or processed.
3. Should the applicant be accepted to the Grace School of Ministry Counselling Course, and it be found that the applicant has provided false information in this application, the student will be expelled from attendance at the course, and all expenses incurred by Grace School of Ministry and Grace Fellowship Pretoria, in the process will be claimed from the applicant.
4. INCOMPLETE applications will not be considered.

I, the applicant, confirm that all the information provided in this application is true. Further, I confirm that I understand and accept the Conditions of Application listed above.

Signature of Applicant: _____ Date: _____

RETURN THIS APPLICATION AND ALL REQUESTED SUPPORTING MATERIALS TO:

GSM ADMISSIONS
PO Box 39263, GARSFONTEIN EAST, 0060, REPUBLIC OF SOUTH AFRICA
(FAX) 086 665 7471
gsmadmissions@gracefellowship.co.za

- IF YOU SEND YOUR APPLICATION VIA POSTAL SERVICES,
(1) PLEASE RETIAN A COPY FOR YOUR RECORDS, AND
(2) PLEASE CONTACT US TO CONFIRM THAT WE HAVE RECEIVED YOUR APPLICATION.

CONTACT US WITH ANY QUERIES YOU MAY HAVE AT:
(TEL.) +27 12 803 9838
(FAX) 086 665 7471
(CELL) 083 444 9127
gsmadmissions@gracefellowship.co.za



Confidential Reference # 1

Biblical Counselling Track, 2019-2020

TO THE APPLICANT

Complete **this page** and give this form to a person who can provide this specific reference and who knows you well.

REFERENCES FOR PASTORS: *If you are a pastor, please have two members of your church leadership (one of which must be the **chairman** of your leadership board) complete the references.*

REFERENCES FOR LAYPERSONS: *If you are a layperson, please have your **pastor** and another **church leader** fill out the references.*

This page to be completed by the APPLICANT

SURNAME	FIRST NAME	MIDDLE NAME/S
PERMANENT ADDRESS		COUNTRY (<i>if not RSA</i>)
		PHONE NUMBER
POST CODE:		

Signature of Applicant: _____

Date: _____

The following pages to be completed by the REFERENCE (# 1)

The candidate named above is applying for admission to the Grace School of Ministry Biblical Counselling Course. The Admission Committee finds confidential, candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form, along with any additional comments, and return to the applicant in a sealed envelope. You may also email your reference to gsmadmissions@gracefellowship.co.za

APPLICANTS NAME: _____

A. GENERAL EVALUATION

Please give your evaluation of the applicant by marking the appropriate block with an X.

COOPERATION Consider willingness to work with people in various capacities, loyalty.	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONS Consider reactions in various situations when stress is likely.	Well balanced	Fairly well balanced	Easily depressed	Unresponsive	Not observed
INITIATIVE Consider ability to see things to do, resourcefulness, aggressiveness.	Seeks additional tasks	Fairly well balanced	Does assigned tasks	Needs prodding	Not observed
JUDGMENT & COMMON SENSE Consider ability and foresight in decisions in everyday situations.	Sound decisions	Fair deductions	Poor results	Lacks ability	Not observed
LEADERSHIP Consider ability to others.	Consistently a leader	Usually a leader	Leads occasionally	Seldom never leaves	Not observed
PERSONALITY Consider mannerisms and appearance, general impression on others.	Well liked	Accepted	Tolerated	Rejected	Not observed
RELIABILITY Consider dependability, willingness, and consistency.	Conscientious	Usually reliable	Erratic	Unreliable	Not observed
CHRISTIAN CHARACTER Consider maturity, vitality, and consistency of life.	Outstanding/ Mature	Usually consistent	Questionable at times	Little or no evidence	Not observed
COMMUNICATION SKILLS Consider ability to present thoughts with logic and clarity.	Outstanding	Good	Has difficulty	Unable to communicate Clearly	Not observed

B. CONFIDENTIAL REFERENCE (# 1)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

ARE YOU RELATED TO THE APPLICANT? Yes No

IS THE APPLICANT A MEMBER OF YOUR CHURCH? Yes No

HAS THE APPLICANT BEEN CONSISTENT IN ATTENDANCE? Yes No

IN WHAT CHURCH ACTIVITIES HAS THE APPLICANT PARTICIPATED?

IS THE CHURCH SUPPORTIVE OF THE APPLICANT PURSUING SPECIALIZED MINISTRY IN ITS MIDST? EXPLAIN.

IF MARRIED, IS THE APPLICANT'S SPOUSE SUPPORTIVE OF HIS/HER DESIRE TO:

1. STUDY? Yes No

2. HAVE A MINISTRY IN COUNSELLING? Yes No

WHAT SPIRITUAL GIFTS HAS THE APPLICANT DEMONSTRATED IN THESE ACTIVITIES?

DO YOU BELIEVE THE APPLICANT EVIDENCES THE GIFTEDNESS AND PROMISE FOR A CHRISTIAN MINISTRY IN A CHURCH-RELATED VOCATION? IN WHAT AREAS OF MINISTRY COULD YOU FORESEE THE APPLICANT SERVING?

DO YOU BELIEVE THE APPLICANT'S KNOWLEDGE AND INTERPRETATION OF THE BIBLE IS SUFFICIENT FOR HIM/HER TO MINISTER IN FORMAL BIBLICAL COUNSELLING?

IN WHAT AREAS OF BIBLE KNOWLEDGE AND THEORY MIGHT THE APPLICANT NEED GREATER TRAINING?

GIVE A BRIEF STATEMENT OF ANY FAMILY BACKGROUND WHICH WOULD BE OF HELP IN OUR UNDERSTANDING OF THE APPLICANT'S NEEDS AND/OR QUALIFICATIONS FOR THIS TYPE OF MINISTRY.

WHAT AREA(S) OF THE APPLICANT'S LIFE NEED TO BE DEVELOPED?

CAN YOU CONSCIENTIOUSLY RECOMMEND THE APPLICANT FOR ADMISSION TO THIS PROGRAMME?

- Yes, with confidence
 Yes, with the following reservation(s):
 No (*Please explain*)

Reference (# 1)

SURNAME	FIRST NAME	ORGANISATION & POSITION
POSTAL ADDRESS		EMAIL
POST CODE:		PHONE NUMBER

Signature of Reference: _____ Date: _____



Confidential Reference # 2

Biblical Counselling Track, 2019-2020

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PERMANENT ADDRESS		COUNTRY (<i>if not RSA</i>)
		PHONE NUMBER
POST CODE:		

Signature of Applicant: _____

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- Yes, with confidence
 Yes, with the following reservation(s):
 No (*Please explain*)

Reference (# 2)

SURNAME	FIRST NAME	ORGANISATION & POSITION
POSTAL ADDRESS		EMAIL
POST CODE:		PHONE NUMBER

Signature of Reference: _____	Date: _____
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