

# Application Form

## 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 ID#:   | PASSPORT NO(IF NO RSA ID):  | TEL WORK:               |
| HOME ADDRESS:  | POSTAL ADDRESS:   | CELL PHONE NUMBER:      |
|  |   | FAX:                    |
| POSTAL CODE:   | POSTAL CODE:  | E-MAIL ADDRESS:         |
| SEX<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE   | DATE OF BIRTH (DD-MM-YYYY)  | COUNTRY OF CITIZENSHIP: |
| NAME OF SPOUSE/ FIANCÉE:   | NAMES AND AGES OF CHILDREN  |                         |
| DATE OF MARRIAGE:  |   |                         |
| WHAT IS YOUR HOME LANGUAGE?  | IS YOUR KNOWLEDGE OF ENGLISH?<br><input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR |                         |
| PLEASE INDICATE IF YOU ARE INTENDING TO COMPLETE THE FULL COURSEWORK OR IF YOU WILL BE ATTENDING AS AN AUDIT ONLY STUDENT?<br><br><input type="checkbox"/> AUDIT ONLY <input type="checkbox"/> FULL COURSEWORK |   |                         |
| I HAVE ACCESS TO A COMPUTER AND CAN RECEIVE CLASS NOTES, ETC IN ELECTRONIC FORMAT*:<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   |                         |
| *THOUGH STRONGLY RECOMMENDED, YOUR ANSWER TO THIS QUESTION WILL NOT AFFECT YOUR APPLICATION FOR ADMISSION.   |   |                         |

**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**

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

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

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

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*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**

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Please read our *Doctrinal Statement* (available at [www.lynnwoodbaptistchurch.co.za](http://www.lynnwoodbaptistchurch.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 STATEMENT OF FAITH?

- Yes     No

ARE THERE INDIVIDUAL AREAS OF DISAGREEMENT?

- Yes     No        *If Yes, state which:*

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**G. SUPPLEMENTAL INFORMATION**

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WHAT FORMAL BIBLE TRAINING HAVE YOU RECEIVED?

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

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

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## H. PERSONAL TESTIMONY & REASON FOR ATTENDING

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### ESSAY QUESTIONS

Respond to each of the following in your own words. Please keep each response between 200 and 400 words (one to two pages), 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). SEE [LYNNWOODBAPTISTCHURCH.CO.ZA](http://LYNNWOODBAPTISTCHURCH.CO.ZA) UNDER RESOURCES FOR AN EXAMPLE.
2. WHY DO YOU DESIRE TO ATTEND THIS PROGRAMME AND HOW DO YOU INTEND TO USE THE TRAINING YOU WILL RECEIVE?

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### CONDITIONS OF APPLICATION

1. All applications are subject to a selection process and an application does not guarantee admission.
  2. Strengthening Ministries Training Institute 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 Strengthening Ministries Training Institute 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 Strengthening Ministries Training Institute in the process, will be claimed from the applicant.
  4. INCOMPLETE applications will not be considered.
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*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:  
SMTI

PO BOX 39008, Faerie Glen, 0043, Pretoria

CONTACT US WITH ANY QUERIES YOU MAY HAVE AT:  
(TEL.) +27 12 992 8242

[Admissions@lynnwoodbaptistchurch.co.za](mailto:Admissions@lynnwoodbaptistchurch.co.za)



**STRENGTHENING MINISTRIES**

TRAINING INSTITUTE

EPH 4:12 "FOR THE EQUIPPING OF THE SAINTS..."

**Confidential Reference # 1**

**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> ) |
| POST CODE:        |            | PHONE NUMBER                  |

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

The candidate named above is applying for admission to the Strengthening Ministries Training Institute. 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.

**APPLICANTS NAME:** \_\_\_\_\_

### A. GENERAL EVALUATION

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

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

**B. CONFIDENTIAL REFERENCE (# 1)**

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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?

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

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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?

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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?

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

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

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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.

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

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

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

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**Reference (# 1)**

|                |            |                         |
|----------------|------------|-------------------------|
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| POSTAL ADDRESS |            | EMAIL                   |
| POST CODE:     |            | PHONE NUMBER            |

|                               |             |
|-------------------------------|-------------|
| Signature of Reference: _____ | Date: _____ |
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## STRENGTHENING MINISTRIES

TRAINING INSTITUTE

EPH 4:12 "FOR THE EQUIPPING OF THE SAINTS..."

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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- Yes, with confidence     
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  No (*Please explain*)

**Reference (# 2)**

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

|                               |             |
|-------------------------------|-------------|
| Signature of Reference: _____ | Date: _____ |
|-------------------------------|-------------|