



## SECTION A1 APPLICATION FORM

### Instructions

This form is comprised of two sections:

- **Section A** (A1, A2 and A3) must be completed by you, the applicant.
- **Section B** is a pastor's reference and must be completed by your pastor. If you don't have a pastor who knows you well enough to fill in a confidential reference, please contact the Hatfield Training Centre for alternatives.
- Please print and fill in with blue or black ink.
- Where checkboxes are provided, please indicate the relevant answer with an 'X'.
- Email the completed form to [community@hatfield.co.za](mailto:community@hatfield.co.za) or return it to the Applications Secretary at the Hatfield Training Centre.

### 1. General information

<b>Surname</b>	_____	<b>Maiden name</b>	_____
<b>First names</b>	_____	<b>Title</b>	_____
<b>Date of birth</b>	_____	<b>Age</b>	_____
<b>ID number/ Passport number</b>	_____		
<b>Country of origin of passport</b>	_____		
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Marital status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>Home language</b>	_____		
<b>Citizenship</b>	_____	<b>Country of birth</b>	_____
<b>Current activity</b>	<input type="checkbox"/> Scholar	<input type="checkbox"/> Student	<input type="checkbox"/> Apprentice <input type="checkbox"/> Employed
<b>Occupation</b>	_____	<b>Employer</b>	_____



**Please attach a recent photo here:**

Attach a recent photo when you submit this form. Please note that email submission is preferred.

### 2. Contact details

Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email address \_\_\_\_\_  
Physical address \_\_\_\_\_  
Postal code \_\_\_\_\_

### 3. Church life

Home church \_\_\_\_\_  
Email address \_\_\_\_\_  
Senior pastor \_\_\_\_\_  
How long have you attended this church? \_\_\_\_\_

### 4. Spiritual life

Describe your conversion experience stating how long you have been a Christian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your expectation for your stay at Hatfield Community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Hatfield Community?

Announcements    Word of mouth    Internet    Other (specify): \_\_\_\_\_

### 5. Education

#### Secondary education

High school attended \_\_\_\_\_ Tel \_\_\_\_\_  
Highest grade passed \_\_\_\_\_ Year \_\_\_\_\_

What extra-curricular activities did you take part in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tertiary education**

Please list the highest qualification which you have **completed**.

**Institution** \_\_\_\_\_ **Years attended** \_\_\_\_\_  
**Degree/diploma obtained** \_\_\_\_\_ **Year completed** \_\_\_\_\_  
**Do you have a driver's licence?**       Yes       No

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**6. Next of kin**

**Parent/guardian**

**Surname** \_\_\_\_\_  
**Initials** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Tel (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_  
**Email address** \_\_\_\_\_  
**Residential address** \_\_\_\_\_ **Postal code** \_\_\_\_\_  
**Occupation** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Parent/guardian's relationship to you** \_\_\_\_\_

**Name and contact details of other parent/guardian, if different from above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does your family feel about your application for accommodation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Financial

Do you have enough finances to support you for the duration of the contract?

 Yes

 No

If no, how do you plan to pay your fees? \_\_\_\_\_

## 8. Agreement

Agreement entered into by the HATFIELD TRAINING CENTRE (HTC) and THE STUDENT and his/her PARENT/GUARDIAN (if applicable).

I, the undersigned (FULL NAMES AND SURNAME OF STUDENT) \_\_\_\_\_

Identity number \_\_\_\_\_

**Declare, undertake and agree to the following:**

1. To abide by the rules and regulations of HTC.
2. I have read Hatfield Christian Church's Statement of Faith and confirm that I fully subscribe to the values set out therein.
3. To acquaint myself with the rules and regulations of HTC as well as all changes thereto, which might be applicable to the students and to the courses that I may be entering.
4. If I am accepted, I agree to follow the decision of the leadership and the full schedule of HTC's programme for this course.
5. To pay in full all monies for boarding and course fees for any year of enrolment of any course at HTC. And I understand that HTC reserves the right to ask me to leave the course if I am not able to pay for it. I also understand that HTC reserves the right to hand over any outstanding fees for debt collection.

### Indemnity

I indemnify and hold harmless, the HATFIELD TRAINING CENTRE LIMITED (NPC), its directors, members, representatives, agents or employees against all loss, damage, costs or personal injury from any cause whatsoever arising, which I may incur or sustain arising out of the fact that I am a student or staff member of HTC.

Insofar as HTC might have an insurance policy in place covering certain risks, I may, notwithstanding this indemnity, claim from HTC only for those risks insured. Any such claim shall be subject to and limited to the insurance company accepting the claim and payment (if at all) there under.

No other claim shall be instituted against HTC.

**I declare that I am (select the applicable option)**

- Capable of entering into this agreement without assistance.
- Entering this agreement with the consent of my parents/guardian.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

If you are under the age of 21, the signature of your parent/guardian is required for approval for your studies at HTC.

I (FULL NAMES AND SURNAME OF PARENT/GUARDIAN) \_\_\_\_\_

Identity number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Declare, undertake and agree:

1. To the conditions stipulated in Clause 8.5 above.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

## 9. Application fee

Please consult our website for the current fees, and include proof of payment when you submit your application form. Cash can also be paid to the Application Secretary on submission of the hardcopy form.

### Banking Details

**Account holder:** Hatfield Training Centre | **Branch name:** Standard Bank Hatfield

**Branch code:** 011545 | **Account no:** 011 988 193

## 10. Checklist

**Complete this list before submitting your form to ensure that your application can be processed timeously.**

Have you completed all relevant sections of the application form?

Section A1 – Application Form  Yes

Section A2 – Personal Profile  Yes

Have you signed the Statement of Faith (page A6)?

Yes

Have you arranged for the completion of the pastor's reference (Section B)?

Yes

Have you attached a recent photo?

Yes

Have you paid your application fee?

Yes

- A soft copy of this form can be emailed to: [community@hatfield.co.za](mailto:community@hatfield.co.za)
- A hard copy can either be delivered to the Applications Secretary at the Hatfield Training Centre, or posted to:

PO Box 33626  
Glenstantia  
0010  
South Africa

***Please turn over for Statement of Faith***



**Hatfield Christian Church | Statement of Faith****What we believe:****About the Scriptures**

We believe the entire Bible is the inspired Word of God and accept it as the final authority of truth for Christian beliefs and living.

**About God**

We believe in one God, creator of all things who exists in three distinct persons: Father, Son, and Holy Spirit.

We believe that Jesus Christ, God's only son, was conceived by the Holy Spirit and born of the Virgin Mary. He was crucified and died, was buried and resurrected. He ascended into heaven from where He will return to judge both the living and the dead.

We believe in the baptism of the Holy Spirit and His ongoing ministry; by whose indwelling the Christian is empowered to live a godly life and be conformed to the image of Jesus Christ.

**About Humanity**

We believe that all people were created in the image of God to have fellowship with Him but became alienated in that relationship by the sinful nature and through sinful disobedience. Thus, all people require salvation, but are incapable of regaining a right relationship with God through their own efforts.

We believe that the death and resurrection of Jesus Christ, provides the sole basis for the forgiveness of sin. Therefore, God freely offers salvation to all who repent of their sin and place their faith in the completed work of Jesus Christ.

We believe that the Bible upholds monogamous, heterosexual marriage between a natural man and a natural woman as God's exclusive design for marriage.

**About Ordinances**

We believe that Jesus Christ established believer's baptism by immersion, as well as the Lord's Supper as ordinances to be observed by the church during the present age.

**About the Church**

We believe that the church is the body of Christ; a community of believers of which Jesus Christ is the head. The purpose of the church is to glorify God by loving Him and all of His creation.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Health**

**Rate your current health**       Excellent       Good       Fair       Poor

**List any allergies** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** We need to be aware of any allergies, but unfortunately cannot accommodate food allergies in our catering.

**Do you have any physical limitations?**       Yes       No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**Have you ever suffered from mental illness, depression or an eating disorder?**       Yes       No

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**Do you have any pre-existing medical conditions, or are you on any medication?**       Yes       No

If yes, please give details, including contact details for the doctor handling your treatment.  
\_\_\_\_\_  
\_\_\_\_\_



## SECTION B PASTOR'S REFERENCE

### Instructions

Please note that an application cannot be considered until we have received this recommendation. Serious consideration will be given to your comments, therefore please complete this form carefully.

- This section must be completed by the **pastor**.
- Please print and fill in with blue or black ink.
- Where checkboxes are provided, please indicate the relevant answer with an 'X'.
- Email the completed form to [community@hatfield.co.za](mailto:community@hatfield.co.za) or return it to the Applications Secretary at the Hatfield Training Centre. This recommendation should be returned directly to the Hatfield Training Centre, and **not** to the applicant.

### To be completed by the applicant

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email address \_\_\_\_\_

### To be completed by the pastor

Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Home church \_\_\_\_\_  
Email address \_\_\_\_\_

### Section 1 – To be completed for all students

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very well  Well  Casually

In your opinion, which of the following best describes the applicant's Christian experience?

Mature  Contagious  Genuine and growing  Overemotional  Superficial

Please comment briefly on the applicant's family background.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rank the applicant in the following areas:

Ability to cope with stress	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Ability to follow	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Christian character	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Concern for others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Co-operation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average

## SECTION B PASTOR'S REFERENCE

Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Flexibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Leadership	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Perseverance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Stewardship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Self-discipline	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Social responsibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average

**Please select any of the following words which might pertain to applicant**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Impatient          | <input type="checkbox"/> Easily embarrassed or offended | <input type="checkbox"/> Addictive behaviour                              |
| <input type="checkbox"/> Intolerant         | <input type="checkbox"/> Easily discouraged             | <input type="checkbox"/> Prejudice towards groups, races or nationalities |
| <input type="checkbox"/> Argumentative      | <input type="checkbox"/> Frequently worried or anxious  | <input type="checkbox"/> Unable to cope with stress                       |
| <input type="checkbox"/> Domineering        | <input type="checkbox"/> Nervous or tense               | <input type="checkbox"/> Erratic in attitudes or actions                  |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Given to moods                 |   |

**Has the applicant, on any occasion, proven to be unreliable, dishonest or of questionable character?**

- Yes    No    Do not know

If yes, please explain \_\_\_\_\_

**Has the applicant ever been involved in drug or alcohol abuse or sexual immorality?**

- Yes    No    Do not know

If yes, please give details and mention any ministry he/she has received in this area. \_\_\_\_\_

**Do you recommend the applicant?**

- Wholeheartedly    With reservation    Not at all

If not at all, please explain \_\_\_\_\_

**Is there anything else about the applicant you believe is necessary to bring to our attention?**

**I declare that to the best of my knowledge the contents of this recommendation are correct.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

