

# Capernwray New Zealand - Bible School Application Form

## **Checklist** - your application will need to include the following things:

- A completed application form.
- A passport photograph of your **head and shoulders** (as you intend to appear in School) no larger than 5.4cm by 4.5 cm
- Two Referee forms (*one from your pastor or employer and the other from an adult that knows you well*).
- Registration fee of \$75 NZD by Credit card or Bank Draft (NB. This is additional to the course fee and is not refundable).

## **Personal Details**

Last Name (as per your passport).....

First Name (s).....

Known as..... DOB ...../...../..... Male  Female   
DD MM YYYY

Address.....

.....

City..... Postal / Zip Code.....

Country..... Email Address.....

Telephone..... Mobile/Cell.....

Nationality (passport held)..... Passport Number.....

Citizenship..... Ethnicity..... Prior Activity.....

Last year of High School..... First year of POST high school education (if applicable).....

### Passport size photo

Please affix or enclose one passport size photograph with each application

(Head & Shoulders only)

(54mm x 45mm)

## **Course Options** - Please select the course(s) you wish to apply for.

(February to July) <b>20 WEEK COURSE</b> Year: <input type="text"/> Course held at <b>Monavale</b>	(July to December) <b>20 WEEK COURSE</b> Year: <input type="text"/> Course held at <b>Monavale</b>	(February to December) <b>40 WEEK COURSE</b> Year: <input type="text"/> Course held at <b>Monavale</b>	(September to May) <b>30 WEEK COURSE</b> Year: <input type="text"/> to <input type="text"/> Course held at <b>The Crossing</b>	<b>BML</b> (October to December) <b>10 WEEK COURSE</b> Year: <input type="text"/> Course held at <b>Monavale</b>
You can also include: <b>6 WEEK ABS COURSE</b> February <input type="checkbox"/> April <input type="checkbox"/>	You can also include: <b>6 WEEK ABS COURSE</b> October <input type="checkbox"/>	You can also include: <b>6 WEEK ABS COURSE</b> February <input type="checkbox"/> April <input type="checkbox"/> October <input type="checkbox"/>	<b>ABS 6 WEEK ABS COURSE</b> Year: <input type="text"/> February <input type="checkbox"/> Feb ABS + Bal of term <input type="checkbox"/> April <input type="checkbox"/> Apr ABS + Bal of term <input type="checkbox"/> October <input type="checkbox"/> Oct ABS + Bal of term <input type="checkbox"/>	

**Christian Experience**

Give a brief account of your conversion and experience of the Lord Jesus Christ.

.....  
.....  
.....  
.....  
.....

What are your reasons for attending Capernwray New Zealand?.....

.....  
.....  
.....

Give the name and address of the Church you attend.....

.....

Minister's Name & Address.....

.....Denomination.....

In what Christian service have you been engaged?.....

.....  
.....

**Referees** - Give the names and addresses of TWO referees (not members of your immediate family)

*Minister, Pastor, Employer etc.*

1) Name..... Telephone..... Fax.....

Address.....Postal /Zip Code.....

.Email Address..... Relationship to applicant.....

*Friend or an associate that knows you well*

2) Name..... Telephone..... Fax.....

Address.....Postal /Zip Code.....

.Email Address..... Relationship to applicant.....

**Parents / Next of Kin** - (To contact in case of emergency)

Name..... Telephone.....

Address..... Postal / Zip Code.....

Email Address..... Relationship to applicant.....

**Relationships**

Which of the following applies to you?

single  engaged  married  widowed  divorced  single parent

If engaged, do you have a date set for your wedding? If so, when?.....

If married, name of spouse..... Date of wedding.....

Is your spouse in full agreement with your plan to attend a Torchbearer Bible School?.....

If you have children, please give their names and dates of birth.....

Do you have a friend or relative applying? If so please give their name.....

What is his/her relationship to you?.....

**Medical - (IMPORTANT - Please fill in accurately)**

If you answer 'yes' to any of the following questions, please give details below or on a separate sheet as necessary. You may be required to provide a doctor's report.

(Please circle)

- 1. Do you suffer from any disability which might limit you when doing practical activities? YES / NO
- 2. Have you had a nervous or mental illness at any time? YES / NO
- 3. Have you suffered from, or had treatment for, anorexia or bulimia? YES / NO
- 4. Do you have diabetes, epilepsy or blackouts? YES / NO
- 5. Do you have any allergies including food allergies? (please state medication) YES / NO
- 6. Have you had any surgery or a major illness in the last 5 years? YES / NO
- 7. Do you have any other medical issues that you feel you should state before you come? YES / NO
- 8. Do you regularly require any prescribed medicine? (please give details) YES / NO
- 9. Do you have any learning disabilities? YES / NO
- 10. Have you used tobacco, alcohol or narcotics in the last 12 months? YES / NO
- 11. Have you ever had treatment for alcoholism, drug addiction or eating disorders? YES / NO

Please give details:

.....

.....

.....

**Talents, Hobbies & Work Experience**

Do you have any specific abilities or experience that could help with the practical running of the school, eg. carpentry, lifeguarding etc

.....

What are your hobbies?.....

Do you play any musical instruments?.....

Can you bring your instruments with you?.....

Have you got any experience in ministry involving singing groups, drama or puppet shows?.....

.....

.....

