



The Registrar
Nazarene Theological College
P.O. Box 3083
2040 HONEYDEW
☎ 082 3283 649
Fax 086 6461 706
Email: nazcol@global.co.za

Registered as a Private Higher Education Institution
Certificate Number 01HS04

CONFIDENTIAL

NAME OF APPLICANT:

SURNAME: _____ FIRST NAME: _____ SECOND NAME: _____

ADDRESS: Postal: _____

Residential: _____

Home Telephone: _____ Business Telephone: _____

PERSONAL INFORMATION:

Date of Birth: _____ (day) _____ (month) _____ (year). Place of Birth _____

Nationality: _____ ID Number _____

Closest Relative _____ Address: _____

MARITAL STATUS:

Single? Yes _____ No _____ Engaged to be married? Yes _____ No _____

If engaged, to whom? _____ Date of wedding? _____

Legally married? Yes _____ No _____ If so, to whom? _____

(Sex relations outside of Christian heterosexual marriage are not tolerated.)

Spouse's birthday _____ Date of marriage _____ Children? Yes _____ No _____

Names and Birthdays of Children: _____

Will spouse join you in coming to college? Yes _____ No _____ Will children join you? Yes _____ No _____

If not, why? _____

EDUCATIONAL INFORMATION:

Highest school standard or grade _____ Year passed _____

Matriculation exemption? Yes _____ No _____ Other qualifications? _____

Suspended or dismissed from school? Yes _____ No _____ Reasons _____

INFORMATION REGARDING YOUR CALL TO THE MINISTRY:

What call has God given you? (e.g. pastor, evangelist, youth ministry, lay ministry, counselor, etc.) _____

Are you certain of this calling? _____

Which programme of study are you applying for? (Check/tick one)

Certificate in Lay Ministry (1yr) _____ Diploma in Theology _____ Advanced Diploma in Ministries _____

When do you intend to commence your studies? Year _____ Semester _____; Part time _____ Full time _____

CHURCH RELATIONSHIPS:

Of which denomination are you a member? _____

Of which local church are you a member? _____

What is the name of your minister? _____

What is his/her phone number? _____

Do you agree with the teachings of the Church of the Nazarene? _____

If not, explain: _____

Briefly give your testimony: _____

FINANCIAL INFORMATION:

Are you prepared to pay the first semester's account on arrival at college? Yes _____ No _____

Do you have any debts or financial obligations? Yes _____ No _____ Details of obligations: _____

Where and how are you going to get money to pay your college fees? _____

Name and address of your present employer: _____

How long have you been employed there? _____ Type of job: _____

MINISTERIAL CANDIDATE APPLICANTS:

NOTE: Ministerial applicants should:

- know the requirements for the education of ministers of their own denomination;
- enrol in the Diploma of Theology or Bachelor of Theology Programme;
- have the ability to function properly/adequately in English, i.e. speak, read and write
- preferably have Local Preacher’s License or equivalent in their church.

Have you taken note of the requirements for the education of ministers of the Church of the Nazarene as set forth in the Manual or the requirements for ministers in your own denomination? Yes _____ No _____

Have you completed the prerequisites for entrance into the ministerial programme listed under Entrance Requirements? Yes _____ No _____

If not, which courses do you lack, and how do you propose to take them? _____

Do you have a Local Preacher’s License or equivalent? Yes _____ No _____ When was it issued? _____

REFERENCE INFORMATION:

Give the name and address of the persons to whom you have given the reference forms:

PASTOR: (Name) _____
(Address) _____

EMPLOYER or HIGH SCHOOL PRINCIPAL: (Name) _____
(Address) _____

OTHER (Name) _____
(Address) _____

MEDICAL INFORMATION:

NOTE: This personal medical history is to be completed by the applicant. The attached sheet is to be filled in by your family doctor who will post it directly to the college.

Has anyone in your family ever had nervous, mental or emotional problems or psychiatric treatment? Yes _____ No _____ If yes, give details: _____

Have you had any of the following? If yes, give dates:

- | | | | |
|----------------------------|-----------|----------|--------------|
| Tuberculosis | Yes _____ | No _____ | Dates: _____ |
| Poliomyelitis | Yes _____ | No _____ | Dates: _____ |
| Rheumatic Fever | Yes _____ | No _____ | Dates: _____ |
| Heart Disease | Yes _____ | No _____ | Dates: _____ |
| Diabetes | Yes _____ | No _____ | Dates: _____ |
| Pneumonia | Yes _____ | No _____ | Dates: _____ |
| Ear Infections | Yes _____ | No _____ | Dates: _____ |
| Eye/vision problems | Yes _____ | No _____ | Dates: _____ |
| Hay fever/sinusitis | Yes _____ | No _____ | Dates: _____ |
| Epilepsy | Yes _____ | No _____ | Dates: _____ |
| Asthma | Yes _____ | No _____ | Dates: _____ |
| Skin complaints | Yes _____ | No _____ | Dates: _____ |
| Operations/Injuries | Yes _____ | No _____ | Dates: _____ |
| Kidney disease | Yes _____ | No _____ | Dates: _____ |
| Recent loss/gain of weight | Yes _____ | No _____ | Dates: _____ |

Migraine Yes _____ No _____ Dates: _____
Mental/emotional problems Yes _____ No _____ Dates: _____
Other medical problems (List) _____

Do you have any physical, personal or mental problems you would like to discuss with your doctor or a qualified person? Yes _____ No _____

Are you aware of any physical problem (weak eyes, hearing, etc.) that may hinder your academic progress or involvement in college activities and require special assistance? _____

Give details of any serious illness, infectious or contagious disease necessitating your absence from work (or school) for more than one week in the past 5 years: _____

Do you have any reason to believe that you may have acquired an infectious virus or disease, in that there are times that you don't feel too well? _____

IMMUNISATIONS:

Have you been immunised against the following? (Give most recent dates):

Poliomyelitis Yes _____ No _____ Dates: _____
Tetanus Yes _____ No _____ Dates: _____
Diphtheria Yes _____ No _____ Dates: _____
Measles Yes _____ No _____ Dates: _____
Tuberculosis Yes _____ No _____ Dates: _____
Other (Specify, please): _____ Dates: _____

INSURANCE:

Are you covered by hospitalisation or medical insurance? Yes _____ No _____

If so, which company? _____

What do they pay? _____

I wholeheartedly agree to keep the rules and regulations of the College as set forth in the Calendar, Academic Regulations and the Student Services Handbook, and as issued to the Student Body from time to time.

I do hereby apply for admission to the College and certify that the above statements and information are correct in every detail.

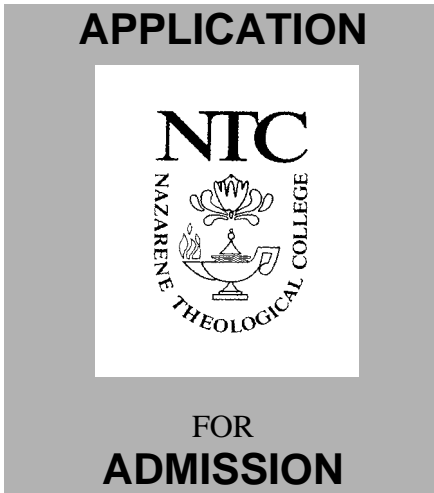
SIGNATURE OF APPLICANT: _____ **DATE:** _____

PLACE: _____

SIGNATURE OF PASTOR: _____ **PRINT NAME:** _____

DATE: _____ **PLACE:** _____

[Please note that failure to supply information in full will result in the rejection of the application]



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EXEMPTION AND INDEMNITY

(To be completed by the applicant, the applicant's parent/guardian and/or the applicant's spouse, if married.)

Each signatory hereof (applicant, parent/guardian and/or the spouse) jointly and severally exempts Nazarene Theological College, and all of its members, officials, employees and voluntary workers from all liability and indemnifies and holds them blameless against all claims lodged by whomsoever of whatsoever nature and howsoever resulting or arising from the

- a) loss, illness, death or injury of the applicant (spouse and children); and/or
- b) loss of or damage to the applicant's (spouse and children's) property or possessions of whatsoever nature

while he/she is enrolled as a student of Nazarene Theological College and/or traveling in any of its vehicles, participating in any excursions, or while on College premises.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Capacity (parent/guardian) _____ Date: _____

Signature of Spouse: _____ Date: _____

Particulars of Parent/Guardian/Spouse: Parent Guardian Spouse

Surname: _____ First name (s): _____ I.D. No.: _____

Address: _____

Particulars of Parent/Guardian: Parent Guardian
 Spouse

Surname: _____ First name (s): _____ I.D. No.: _____

Address: _____



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STUDENT COMMITMENT

I, the undersigned, _____, accept that both political and religious freedom rest upon the biblical concepts of the dignity of man as God's creation and the sanctity of his/her individual conscience.

I therefore declare myself subservient to the Rules of Conduct of the College and to the Principal and Administration of the Nazarene Theological College, and I vehemently reject any form of action which seeks to force, demand, manipulate or intimidate albeit fellow students, staff, faculty or administration members or any other person on the college campus.

I hereby agree that any violation by me of the above will be a direct breach of the Rules of Conduct and that the Principal of the College or any other authorised official may in their sole discretion take action against me, which may include the immediate termination of my student status without any further notice.

I reiterate that I declare myself bound to the collective conscience of the Church of the Nazarene and reaffirm my acceptance of the rules of the institution as set forth in the Constitution, the By-laws and the Handbook.

Should I, at any stage, desire to seek the address of personal and group concerns, I will attend to the same via the correct and proper channels as determined from time to time by way of dialogue, input and discussion, and should I feel that the proper channels as determined are not adequate, I will request a personal interview with the Principal.

SIGNATURE

DATE

VERIFYING OFFICER

DATE

VERIFYING OFFICER

DATE



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MEDICAL EXAMINATION

TO THE MEDICAL DOCTOR:

Your examination and recommendations are the basis for the medical care of the student. This information will be treated confidentially. **PLEASE COMPLETE AND POST DIRECTLY TO THE ADDRESS GIVEN ABOVE:**

NAME OF APPLICANT: _____ **DATE:** _____

How long have you known this applicant? _____

Please state if there is any reason why the applicant should not participate in physical recreation or active sports

Has the applicant suffered from any nervous, emotional or mental problems in the past 5 years (or at present)? If so, please describe the condition and the treatment required or given _____

Is the applicant under medical treatment or examination at the present time? _____. If the answer is YES, please give brief details _____

In my opinion, the applicant's health is: Excellent ___ Good ___ Fair ___ Poor ___. Please give details of any significant medical history, in particular anything that might have a bearing on the community life of the College such as:

- * Recurrent upper respiratory tract infections, sinusitis, otitis media or externa, nasal polyps: _____
- * Chest infections, asthma, bronchitis, tuberculosis _____
- * Heart disease, congenital or rheumatic _____
- * Gastro-intestinal disease, dyspepsia, colitis, infections of the liver, biliary tract, appendicitis _____
- * Any allergy _____

EXAMINATION: Haemoglobin _____ Pulse _____

HEART (Blood Pressure) _____ Heart Sounds _____ Abnormalities _____

EYES (Inspection): (Vision): Right _____ Corrected _____ Left _____ Corrected _____

EARS (Inspection): Hearing (Right) _____ (Left) _____

LUNGS (Right): _____ (Left): _____ TEETH: _____ TONSILS: _____

SKIN: _____ NOSE: _____ SINUSES: _____

URINE ANALYSIS (Albumin) _____ Sugar _____ Other _____

ABDOMEN _____ Hernia _____ GENITO-URINARY SYSTEM _____ Abnormality? _____

SPINE (Mobility) _____ (Deformity) _____

ENDOCRINE SYSTEM (Hyper or hypo thyroidism) _____ Other endocrine dysfunction _____

MENSES (Any dysmenorrhoea sufficient or condition requiring special supervision? _____

GENERAL REMARKS _____

SIGNED _____ PRINT NAME _____ DATE _____

CREDENTIALS _____ ADDRESS _____



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RECOMMENDATION FOR ADMISSION

CHURCH BOARD & DISTRICT SUPERINTENDENT

NAME OF APPLICANT: (Surname) _____ (First name) _____

At the meeting held on ____/____/____ we, the Church Board of _____
 (Date) (Name of church)

of the _____, considered the following concerning the applicant:
 (Denomination)

EVALUATION:

- Statements representing your opinion about the applicant should be rated using numbers 1 - 7, with 1 being high and 7 low. (Sample statements of high and low evaluations are given in brackets.) Circle the number that best fits your evaluation.

Mental ability:	(quick in understanding)	1	2	3	4	5	6	7	(slow)
Initiative:	(has original ideas)	1	2	3	4	5	6	7	(depends on others)
Work:	(hard worker)	1	2	3	4	5	6	7	(lazy)
Reliability:	(fulfils obligations)	1	2	3	4	5	6	7	(neglectful of obligations)
Integrity:	(honest, trustworthy)	1	2	3	4	5	6	7	(cannot be trusted)
Co-operation:	(works well with others)	1	2	3	4	5	6	7	(avoids group activities)
Leadership:	(makes prompt & intelligent adjustments)	1	2	3	4	5	6	7	(little leadership abilities)
Adaptability:	(courteous, poised)	1	2	3	4	5	6	7	(slow, inflexible)
Social attitude:	(mixes well, comfortable)	1	2	3	4	5	6	7	(needs development)
Christian attitude:	(mature)	1	2	3	4	5	6	7	(immature)
Physical condition:	(good health)	1	2	3	4	5	6	7	(ill health)

- How long has the applicant been a Christian? _____.
- How long has she/he been a full member in your church? _____.
- Has any disciplinary action been taken against him/her in the last five (5) years? _____. If yes, please give additional information: _____

- To your knowledge, does the applicant smoke or use alcoholic beverages, snuff or drugs? Yes: ____ No: ____
- Do you believe that the applicant will be satisfied with the atmosphere and ideals of NTC? Yes: ____ No: ____

- f. Is the applicant SINGLE? Yes: ___ No: ___
 ENGAGED TO BE MARRIED? Yes: ___ No: ___
 IF SO, TO WHOM: _____
 LEGALLY MARRIED: Yes: ___ No: ___
 IF SO, TO WHOM: _____
- g. Comment briefly on the family (marriage, if applicable) and social background of the applicant: _____

- h. Do you have any suggestions regarding special guidance, encouragement, or supervision which the applicant might need? _____

REMARKS: _____

Based on the above, we therefore (tick the applicable box) **recommend** **do not recommend** the above-mentioned applicant for admission to the Nazarene Theological College.

PASTOR'S SIGNATURE: _____ **NAME:** _____
 (Print Name)

DATE: _____ **ADDRESS:** _____

SECRETARY'S SIGNATURE: _____ **NAME:** _____
 (Print Name)

DATE: _____ **ADDRESS:** _____

THE DISTRICT SUPERINTENDENT:

How long have you known the applicant? _____ How long has she/he been a Christian?

REMARKS: _____

I **recommend** **do not recommend**, the above-mentioned applicant for admission to the Nazarene Theological College

SIGNATURE _____ **(PRINT NAME)** _____

DESIGNATION/POSITION _____ **DATE:** _____

ADDRESS _____

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RECOMMENDATION FOR ADMISSION

TO THE APPLICANT

Print your name in the space below and give this form to the person supplying the reference. This reference is to be supplied by your **EMPLOYER** or **HIGH SCHOOL PRINCIPAL**.

SURNAME _____ FIRST NAME _____ SECOND NAME _____

TO THE PERSON SUPPLYING THE REFERENCE:

The above-mentioned applicant has applied for admission to the Nazarene Theological College and has given your name as a reference. Please provide the information called for below by circling the number that best fits your evaluation of the candidate. Use the back of this form for additional information.

Applicants for admission are considered on the basis of both academic and personal qualifications. The information here will be held strictly confidential and will be used only by the Senate of NTC. **Please do not return this form to the applicant**, but post it directly to the Registrar at the above address.

- Statements representing your opinion about the applicant should be rated using numbers 1 - 7, with 1 being high and 7 low. (Sample statements of high and low evaluations are given in brackets.) Circle the number that best fits your evaluation.

Mental ability:	(quick in understanding)	1	2	3	4	5	6	7	(slow)
Initiative:	(has original ideas)	1	2	3	4	5	6	7	(depends on others)
Work:	(hard worker)	1	2	3	4	5	6	7	(lazy)
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Leadership:	(makes prompt & intelligent adjustments)	1	2	3	4	5	6	7	(little leadership abilities)
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Christian attitude:	(mature)	1	2	3	4	5	6	7	(immature)
Physical condition:	(good health)	1	2	3	4	5	6	7	(ill health)

- I have known the applicant for _____ years.
 My contact with the applicant has been through: _____
- Comment briefly on the family and social background of the applicant: _____

- Please give any general information you may have as to the fitness of the applicant to undertake a college or university education (negatively or positively) _____

- To your knowledge, does the applicant smoke or use alcoholic beverages, snuff or drugs? Yes: ___ No: _____
- Do you have any suggestions regarding special guidance, encouragement, or supervision which the applicant might need? _____

Has any disciplinary action been taken against him/her in the last five (5) years? Yes: ___ No: ___
If yes, please give additional information: _____

SIGNATURE: _____ (PRINT NAME): _____

DESIGNATION/POSITION: _____ DATE: _____

ADDRESS: _____
