



CAPE TOWN BAPTIST SEMINARY

Registered by the Department of Education for the qualifications as shown on certificate number 2000/HE08/005

52 - 64 Tarentaal Road, Bridgetown, Athlone • P.O. Box 38473, Gatesville 7766
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APPLICATION FOR STUDY

Surname _____ Christian Names _____

Postal Address _____

Code _____

Telephone (Home) (_____) _____ (Work) (_____) _____

Fax/Cell phone _____ E-mail _____

1. GENERAL INFORMATION *(Submit two certified copies of Identity Document with this form)*

1.1 Date of birth _____ Age _____ ID/Passport number

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1.2 Nationality (eg. South African) _____

1.3 Marital Status	Single	Married	Divorced	Separated	Widowed	Remarried
<i>(place X in appropriate box and indicate date)</i>	Date					

1.4 If married: (a) spouse's name _____ (b) spouse's occupation _____
(c) number of children _____ (d) their ages _____

1.5 Home language _____ Other languages you speak or read _____

1.6 Have you applied to this Seminary before? Yes No
If so, when? _____

1.7 Have you previously applied to a similar institution? Yes No
If so, give the details of the institution: _____

1.8 Are you applying to another Seminary / Bible College? Yes No
If so, which institution: _____

1.9 For which sphere of ministry are you seeking to equip yourself?
 Pastorate Missionary Youth Children Other (specify) _____

1.10 Are you interested in applying for Baptist Union of Southern Africa ministerial recognition after graduation?
 Yes No Uncertain Send me more information

1.11 For which course of study are you applying?
(NB All postgraduate programmes offered in co-operation with the University of Pretoria)
 Bachelor of Ministry (Full-time) BA (Hons) (Theology) Short Course in Christian Work
 Bachelor of Ministry (Evening School) MA (Theology) Short Course in Pastoral Ministry
 Bachelor of Theology (Full-time) Other (specify) _____

2. EDUCATION *(submit two certified copies of most recent certificates and subjects completed)*

2.1 School	Name of school	Highest standard/ grade passed	Date
<i>(High School)</i>			

2.2 Higher Education	Name of College, University, etc	Qualifications attained	Dates attended
a			
b			
c			

2.3 Other qualifications _____

3. CHRISTIAN EXPERIENCE AND BACKGROUND INFORMATION

3.1 Date of conversion _____ believer's baptism (if applicable) _____

3.2 Current church membership: _____

Territorial Association (if a BUSA Church) _____

Pastor _____ Period of membership _____

Current church involvement _____

Other church positions held in the past _____

3.3 Previous church membership:

Church _____ Dates _____

Church _____ Dates _____

3.4 Give a brief account of your conversion (*use additional paper if necessary*)

3.5 Give a brief account of your sense of call (*use additional paper if necessary*)

3.6 Give a brief account of your experience in preaching, Christian teaching, evangelism, etc.

3.7 Have you ever had a substance abuse problem (*e.g. alcohol, drugs*): Yes No

3.8 Have you ever been arrested or spent time in prison: Yes No

Please specify: _____

3.9 Have you ever been convicted of a criminal offence: Yes No

Please specify: _____

4. PROFESSIONAL/BUSINESS EXPERIENCE

4.1 Give details of business or professional experience

	Description of job/position	Name and address of employer	Dates (from - to)
a			
b			
c			
d			
e			

4.2 Other comments related to professional or business experience: _____

5. REFEREES

Give complete address in each case. (It is customary to ask one's referees for permission to name them.)

5.1 Your Minister/Pastor _____
Address _____
Code _____ Telephone (_____) _____ Cell _____

5.2 Your Church Secretary _____
Address _____
Code _____ Telephone (_____) _____ Cell _____

5.3 Three additional referees, none of whom should be near relatives or Seminary students.
Name _____
Address _____
Code _____ Telephone (_____) _____ Cell _____
Name _____
Address _____
Code _____ Telephone (_____) _____ Cell _____
Name _____
Address _____
Code _____ Telephone (_____) _____ Cell _____

5.4 Your present employer:
Name _____
Address _____
Code _____ Telephone (_____) _____ Cell _____

The Seminary reserves the right to contact the referees directly.

Strictly confidential

6. MEDICAL DECLARATION BY THE APPLICANT

6.1 Your name _____

6.2 Do you have any physical, mental or psychological disability? Yes No

If so, please specify _____

6.3 Have you ever been diagnosed / treated for a psychological condition? Yes No

If so, please specify _____

6.4 Have you had any serious accident or illness? Yes No

If so, please specify and give dates _____

6.5 Is there any hereditary disease in your family? Yes No

If so, please specify _____

6.6 Is your general health good? Yes No

6.7 Any further remarks _____

6.8 Name and address of the medical practitioner whom you have asked to submit a general certificate of fitness directly to the Seminary _____

Code _____ Telephone (_____) _____

7. COMMENTS

Any other comments that may help the Seminary in considering your application:

Use additional paper if needed. _____

8. CONDITIONS OF ACCEPTANCE

I _____ (name) HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements are correct. I understand that I may be required to present myself for interview by the Seminary at my own expense. Should my application for training be successful, I would be willing to come under the discipline of the Seminary for the duration of my training. I understand that enrolment at the Seminary is a privilege which may be forfeited by any student who does not conform to the standards and regulations of the Seminary and that the Seminary may require the withdrawal of any student at any time who, in the opinion of the Seminary, does not fit into the spirit of the Seminary, regardless of whether or not he/she conforms to the specific rules and regulations and the required academic standard of the Seminary. I understand the financial implications of enrolling as a student at the Seminary and undertake to pay the fees as required.

Signature _____

Date _____

A non-refundable application fee of R _____ must be included.

