



STUDENT MBC REGISTRATION FORM

1. PERSONAL INFORMATION

Surname: _____ Initials: _____ Title: _____

Full Names: _____

Preferred Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID No:

--	--	--	--	--	--	--	--	--	--

Non-South African Citizen Passport No:

--	--	--	--	--	--	--	--

 Male: Female:

Street address: _____

Postal address: _____

Postal code: _____ E-Mail address: _____

Fax no: _____ Language: Home _____ Other: _____

Cell Number to be used in communication with Judea Training: _____

Required for statistical purposes:

Population Group: African: Coloured: Asian: White: Other:

Disability: YES NO If "YES" specify: _____

2. MINISTRY AND OTHER WORK / PRESENT POSITION

2.1 Main ministry involvement

Name of church / ministry: _____ PART: FULL:

Website address of church / ministry: _____

Nature of ministry: Local church: Teaching/training institution: Pastoral counselling facility:

Other ministry (please specify): _____

Is the ministry / church part of a wider denomination / network? YES: NO:

If "YES" please specify: _____

Please state your current position and /or function in the church / ministry (e.g. pastor, counsellor, youth ministry leader):

3. QUALIFICATIONS AND TRAINING

3.1 Formal qualifications relevant to your ministry

Matric – Institution: _____ Year: _____
Topic: _____

Other courses, certificates, etc: _____ Year: _____
Topic: _____

Other courses, certificates, etc: _____ Year: _____
Topic: _____

5. DECLARATION

I, _____, hereby declare that I am involved in Christian ministry as indicated above. I share a commitment to Biblical truth and to ministry excellence. I declare that I have taken note of the Judea Training general information document which provides an overview of Judea Training's professional services and reflects the diversity of Christian churches, ministries and persons in ministry using these services.

I agree to abide by Judea Training Codes of Ethics and disciplinary processes. In registering with Judea Training, I accept the responsibility to pay the prescribed registration fees.

Should I decide to cancel my studies, I will do so in writing. I understand that I will be liable for the subscription for the year in which the studies are cancelled. I agree to a notice period of **three calendar months**, and understand that any monies already paid to Judea Training will be **non-refundable**.

I undertake to inform my trainer or the Judea Training office of any changes in my address or other contact information.

I hereby declare that the information provided in this form is correct and can be verified on request. I also take note that the names and contact information of affiliates are available to affiliates and partners of Judea Training – should I not want my contact information to be available in this way, I will inform Judea Training accordingly, in writing.

SIGNATURE

DATE