

TRAINER MBC REGISTRATION FORM



1. PERSONAL INFORMATION

Surname: _____ Initials: _____ Title: _____

Full Names: _____

Preferred Name: _____ Date of Birth:

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ID No:

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Non-South African Citizen Passport No:

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 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):

2.2 Other work

If you are involved in more ministries, please specify the nature of the additional ministries:

Local church: Teaching/training Other

Other ministry (please specify): _____

2.3 What is the primary source of your income?

Ministry Non-ministry Work I do not have a regular income Other

Other Income (please specify): _____

2.4 Total years in active ministry: _____

3. QUALIFICATIONS AND TRAINING

3.1 Formal qualifications relevant to your ministry

Note: If the lines below do not provide sufficient space, please use a separate page at the end of the form, providing the relevant information as indicated below:

Doctoral degree(s) - Institution(s): _____ Year: _____

Topic: _____

Master's degree(s) - Institution(s) _____ Year: _____

Topic: _____

Bachelors or honours degree(s) - Institution(s): _____ Year: _____

Topic: _____

1 or 2 year diploma, higher or advanced certificate - Institution(s): _____ Year: _____

Topic: _____

NQF Level 4 Ministry qualification - Institution(s): _____ Year: _____
Topic: _____

NQF Level 2 Ministry qualification - Institution(s): _____ Year: _____
Topic: _____

Matric – Institution: _____ 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

Note 1: This application form must be submitted as follows:

- The form may be scanned and submitted via e-Mail to: info@judeatraining.co.za
- The form can be submitted by hand to the trainer

Note 2: The following must accompany the application:

- Proof of payment of the R400 registration
- Copy of your identity document or passport.

JUDEA TRAINING Bank Account Details:

Bank: ABSA Bank
Account name: Judea Training
Account no: 9314681272
Branch No: 632005
Account type: Cheque / Current
Reference: Your ID no. (or Passport no. if you are a non-SA citizen), followed by your initials and the first letter of you surname

** Please note: your application will only be processed once the R400 registration fee has been paid into the bank account.