

Alathea Bible College offers accredited programmes in partnership with the South African Theological Seminary, Nehemiah Bible Institute and the University of Pretoria

ABC APPLICATION FORM

PLEASE WRITE IN CAPITAL LETTERS

SECTION 1 PERSONAL DETAILS

1. TITLE: _____
2. SURNAME _____
3. FIRST NAMES _____
4. NAME BY WHICH YOU LIKE TO BE CALLED _____
5. ADDRESS _____

6. HOME PHONE _____ MOBILE _____
7. EMAIL _____ NATIONALITY _____
8. DATE OF BIRTH _____
9. MALE FEMALE
10. OCCUPATION _____
11. I.D/PASSPORT NO. _____
12. RACE*: BLACK COLOURED WHITE INDIAN OTHER _____
(*N.B. This information is required by the Department of Education)
13. PLEASE PROVIDE A BRIEF SUMMARY OF YOUR JOB DESCRIPTION

14. MARITAL STATUS:
 SINGLE MARRIED ENGAGED DIVORCED SEPARATED REMARRIED
15. IF MARRIED, HOW LONG _____ IF ENGAGED, HOW LONG _____
16. DOES YOUR SPOUSE SUPPORT YOUR APPLICATION? YES NO, IF NO, EXPLAIN.

17. NAME OF YOUR SPOUSE OR FIANCE _____
18. SPOUSE/FIANCE: PHONE NUMBER _____
EMAIL _____

19. DO YOU HAVE CHILDREN? YES NO IF YES, AGES OF EACH CHILD

20. DO YOU LIVE WITH YOUR PARENTS? YES NO

21. DO YOUR PARENTS SUPPORT YOUR APPLICATION? YES NO

22. WHAT HOBBIES, INTERESTS, OR ACTIVITIES DO YOU ENJOY? _____

23. WHICH LANGUAGES DO YOU SPEAK?

24. HOW DO YOU INTEND TO PAY FOR YOUR STUDIES?

SECTION 2 CHURCH DETAILS

25. WHICH CHURCH DO YOU ATTEND? _____

26. WHO IS THE PASTOR OF YOUR CHURCH? _____

27. ADDRESS OF YOUR CHURCH _____

_____ PHONE _____

28. WHAT IS THE DENOMINATION OF YOUR CHURCH? _____

29. HOW LONG HAVE YOU ATTENDED YOUR CHURCH? _____

30. DO YOU HAVE ANY TYPE OF LEADERSHIP POSITION IN YOUR CHURCH? YES NO

31. IF YES, PLEASE DESCRIBE _____

32. WHAT ACTIVITIES ARE YOU CURRENTLY INVOLVED IN AT YOUR CHURCH?

33. WHAT PAST ACTIVITIES HAVE YOU BEEN INVOLVED IN AT YOUR CHURCH?

SECTION 3 PRIOR LEARNING

Recognition of prior learning is extremely beneficial to you if you want credits for either completed or incomplete learning toward your Bachelor of Theology degree. We recognize the advantages of saving students money and time, and in willing to grant credits where they are due. Fill in this part of the application form in as much detail as possible.

Definition of Terms:

- Accredited learning: Prior learning that has taken place at an accredited tertiary institution.
- Non-accredited learning: Prior learning that has taken place at an institution which is not accredited by a recognized accredited agency.
- Life Experience Learning: Prior learning that has taken place through hands-on experience.

All accredited and non-accredited prior learning MUST be supported with certified/notarized copies of the original documents and MUST be returned together with this form.

34. ACCREDITED INSTITUTION

Name of Institution	Type of Qualification	Years Completed

35. NON-ACCREDITED EDUCATION

Name of Institution	Type of Qualification	Years Completed

36. LIFE EXPEREINCE

Please provide full details of life experience which is relevant to your prospective Bachelor of Theology programme, e.g. “I have been a pastor for 16 years” or “I led the worship in my church for 6 years” or “I have completed the EE3 course” etc. Please supply written proof, eg. a letter from the contact person.

Details	Name and contact number of person who can verify

SECTION 4 SPIRITUAL DETAILS

37. ARE YOU A CHRISTIAN? YES NO

38. IF YES, HOW LONG _____

39. BRIEFLY DESCRIBE YOUR SALVATION EXPERIENCE WHEN YOU BECAME A CHRISTIAN

40. WHAT INVOLVEMENT DO YOU HAVE IN ACTIVITIES OUTSIDE THE CHURCH?

41. WHAT IS YOUR PURPOSE IN ATTENDING ALATHEA BIBLE COLLEGE?

42. WHICH MINISTRY DO YOU BELIEVE GOD IS CALLING YOU TO?

SECTION 5 HEALTH DETAILS

43. WHAT IS THE STATE OF YOUR HEALTH? POOR FAIR GOOD
44. PLEASE DESCRIBE ANY MEDICAL PROBLEMS OR CONDITIONS THAT YOU HAVE EXPERIENCED IN THE PAST TWO YEARS
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45. ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION, TREATMENT, OR ON ANY PRESCRIBED MEDICATION? YES NO
46. IF YES, PLEASE EXPLAIN
-
47. PLEASE INDICATE THE MEDICAL CONDITIONS THAT MAY BE APPLICABLE
 EPILEPSY DIABETES HEART CONDITION ASTHMA ALLERGIES OTHER
48. IF OTHER, PLEASE DESCRIBE _____
49. DO YOU SMOKE? YES NO
50. DO YOU DRINK? YES NO
51. PLEASE INDICATE IF YOU HAVE EVER BEEN HEAVILY INVOLVED IN ANY OF THE FOLLOWING: ALCOHOL PORNOGRAPHY THE OCCULT DRUGS
 HOMOSEXUALITY NONE
 OTHER. IF OTHER PLEASE STATE _____
52. HAVE YOU EVER BEEN ARRESTED, JAILED OR IMPRISONED? YES NO
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES
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SECTION 6 COURSE DETAILS

53. WHICH OF THE FOLLOWING STUDENT STATUS APPLIES TO YOU?
- FULL-TIME STUDENT
 - PART-TIME STUDENT
 - RESIDENT STUDENT (on-campus)
 - NON-RESIDENT STUDENT (distance learning – off-campus)
54. WHICH PROGRAMME ARE YOU APPLYING FOR?
- HIGHER CERTIFICATE IN CHRISTIAN LIFE (SATS)
 - BACHELOR OF THEOLOGY DEGREE (SATS)
 - BACHELOR OF THEOLOGY HONOURS (SATS)
 - CERTIFICATE IN CHURCH LEADERSHIP DEVELOPMENT (NBI)
 - CERTIFICATE IN MINISTRY DEVELOPMENT (NBI)

DO YOU AFFIRM THE FOLLOWING DOCTRINAL STATEMENT?

I BELIEVE IN:

- 1. THE TRINITY
- 2. THE FULL DEITY AND HUMANITY OF JESUS CHRIST
- 3. THE SPIRITUAL LOSTNESS OF THE HUMAN RACE
- 4. THE SUBSTITUTIONARY ATONEMENT AND BODILY RESURRECTION OF CHRIST
- 5. THE SALVATION BY FAITH ALONE IN CHRIST ALONE
- 6. THE PHYSICAL RETURN OF CHRIST
- 7. THE AUTHORITY AND INERRANCY OF SCRIPTURE

YES

NO

DECLARATION

I declare that all of the information contained is to the best of my knowledge accurate and true. I affirm that should I be accepted as a student I will agree to be subject to the authority and discipline of Alatheia Bible College. I pledge to behave at all times and in all places in a manner that will best represent Alatheia Bible College and the Name of Jesus Christ.

SIGNED _____ DATE _____

Please return this form to:

Rev. Arthur J. Alard: arthur_alard@yahoo.com

Or by mail: Alatheia Bible College, PO Box 849, Siyabuswa 0472, South Africa.

Supporting Documents to be included with application: Tick the box if completed

- 1. Certified copy of your I.D.
- 2. Certified Copy of Senior Certificate or its equivalent
- 3. Certified Copies of all certificates relevant to this application
- 4. Church reference form **MUST** be included in a sealed envelope not seen by applicant or emailed

There is a R50 non-refundable application fee, please forward proof of payment with your application. See our bank details below:

Beneficiary name: ASTHEC

Bank name: Nedbank

Account type: Current

Account number: 1019989580

Branch code: 123647