



APPLICATION FORM

GROW IN GOD
CHANGED FOREVER

SECTION A1 APPLICATION FORM

Instructions

This form is comprised of two sections:

- **Section A** (A1 and A2) must be completed by you, the applicant.
- **Section B** is a pastor's reference and must be completed by your pastor. If you don't have a pastor who knows you well enough to fill in a confidential reference, please contact the Year of Your Life (YOYL) offices for alternatives.
- To complete this downloaded form, please print and fill in with blue or black ink.
- Where checkboxes are provided, please indicate the relevant answer with an 'X'.
- Email the completed form to yoyl@hatfield.co.za or return it to the Applications Secretary at the Year of Your Life offices.

Course applied for

☐ January – November

☐ July – June

1. General information

Surname	_____	Maiden name	_____
First names	_____	Title	_____
Date of birth	_____	Age	_____
ID number/ Passport number	_____		
Country of origin of passport	_____		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Home language	_____		
Citizenship	_____		
Country of birth	_____		
Current activity	<input type="checkbox"/> Scholar	<input type="checkbox"/> Student	<input type="checkbox"/> Apprentice <input type="checkbox"/> Employed
Occupation	_____	Employer	_____



Please attach a recent photo here:

Attach a recent photo when you submit this form.

Please note that email submission is preferred.

How did you hear about this course?

☐ Announcements ☐ Word of mouth ☐ Internet ☐ Other (specify): _____

2. Contact details

Tel (H) _____ (W) _____ (Cell) _____
 Email address _____
 Physical address _____

 _____ Postal code _____

3. Church life

Home church _____
 Email address _____
 Senior pastor _____
 How long have you attended this church? _____
 Have you received any previous Christian training? ☐ Yes ☐ No
 If yes, please give details _____

4. Spiritual life

Describe your conversion experience stating how long you have been a Christian.

5. Education

Secondary education

Did you pass matric with University entrance? ☐ Yes ☐ No

What extra-curricular activities did you take part in?

Tertiary education

Please list the highest qualification which you have **completed after matric**.

Institution	_____	Years attended	_____
Degree/diploma obtained	_____	Year completed	_____

6. Language ability

Language	Ability		
English	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

7. Next of kin**Parent/Guardian/Spouse (if applicable)**

Surname _____

Initials _____

Title _____

Tel (H) _____

(W) _____

(Cell) _____

Email address _____

Residential

address _____

Postal code _____

Occupation _____

Employer _____

Parent/guardian's relationship to you (e.g mother/uncle etc.) _____

Briefly describe your family environment.

How does your family feel about your application?

8. Financial Details

Do you have enough finances to support you for the duration of the course?

☐ Yes☐ No

If no, how do you plan to pay your fees? _____

As per our financial policy please indicate your payment plan option

- The term fees need to be paid in the first week at the start of each term (i.e in advance)
- All outstanding fees must be settled before the last day of Year of Your Life or the student will not be able to graduate.
- If financial arrangements need to be made it is most important that you make these arrangements in advance.

YOYL fees must be paid by monthly debit order if the quarterly payment in advance is not possible.**Payments can be made to the following account:**

Account holder: Hatfield Training Centre

Account number: 011 988 193

Bank: Standard Bank

Branch code: 011 545

Reference: YOYL with Student name and surname

For international payments please include the following details:

Branch code: 011 545 15

Swift code: SBZAJJ

9. Agreement

Agreement entered into by the HATFIELD TRAINING CENTRE (HTC) operating as Year of Your Life, and THE STUDENT and his/her PARENT/GUARDIAN (if applicable).

I, the undersigned (FULL NAMES AND SURNAME OF STUDENT) _____

Identity number _____

Declare, undertake and agree to the following:

1. To abide by the rules and regulations of YOYL as set out in Hatfield Training Centre's code of conduct.
2. I have read Hatfield Christian Church's Statement of Faith and confirm that I fully subscribe to the values set out therein.
3. To acquaint myself with the rules and regulations of HTC as well as all changes thereto, which might be applicable to the students and to the courses that I may be entering.
4. If I am accepted, I agree to follow the decision of the leadership and the full schedule of HTC's programme for this course.
5. To pay in full all monies for boarding and course fees for any year of enrolment of any course at HTC. And I understand that HTC reserves the right to ask me to leave the course if I am not able to pay for it. I also understand that HTC reserves the right to hand over any outstanding fees for debt collection.

Indemnity

I indemnify and hold harmless, the HATFIELD TRAINING CENTRE LIMITED (NPC), its directors, members, representatives, agents or employees against all loss, damage, costs or personal injury from any cause whatsoever arising, which I may incur or sustain arising out of the fact that I am a student or staff member of HTC.

Insofar as HTC might have an insurance policy in place covering certain risks, I may, notwithstanding this indemnity, claim from HTC only for those risks insured. Any such claim shall be subject to and limited to the insurance company accepting the claim and payment (if at all) there under.

No other claim shall be instituted against HTC.

I declare that I am (select the applicable option)

- ☐ Capable of entering into this agreement without assistance.
- ☐ Entering this agreement with the consent of my parents/guardian.

Student's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

SECTION A1 APPLICATION FORM

If you are under the age of 21, the signature of your parent/guardian is required for approval for your studies at YOYL.

I (FULL NAMES AND SURNAME OF PARENT/GUARDIAN) _____

Identity number _____ Relationship to applicant _____

Declare, undertake and agree:

1. To the conditions stipulated in Clause 9.5 above.

Signature of parent/guardian _____ Date _____

10. Application fee

Please consult our website for the current fees, and include proof of payment when you submit your application form. Cash can also be paid to the Application Secretary on submission of the hardcopy form.

Banking Details

Account holder: Hatfield Training Centre | **Branch name:** Standard Bank Hatfield

Branch code: 011545 | **Account no:** 011 988 193

11. Checklist

Complete this list before submitting your form to ensure that your application can be processed timeously.

Have you completed all relevant sections of the application form?

Section A1 – Application Form ☐ Yes

Section A2 – Personal Profile ☐ Yes

Have you signed the Statement of Faith (page A6)? ☐ Yes

Have you arranged for the completion of the pastor's reference (Section B)? ☐ Yes

Have you attached a recent photo? ☐ Yes

Have you paid your application fee? ☐ Yes

- A soft copy of this form can be emailed to: yoyl@hatfield.co.za
- A hard copy can either be delivered to the Applications Secretary at the Hatfield Training Centre, or posted to:

PO Box 33626
Glenstantia
0010
South Africa

Hatfield Christian Church | Statement of Faith**What we believe:****About the Scriptures**

We believe the entire Bible is the inspired Word of God and accept it as the final authority of truth for Christian beliefs and living.

About God

We believe in one God, creator of all things who exists in three distinct persons: Father, Son, and Holy Spirit.

We believe that Jesus Christ, God's only son, was conceived by the Holy Spirit and born of the Virgin Mary. He was crucified and died, was buried and resurrected. He ascended into heaven from where He will return to judge both the living and the dead.

We believe in the baptism of the Holy Spirit and His ongoing ministry; by whose indwelling the Christian is empowered to live a godly life and be conformed to the image of Jesus Christ.

About Humanity

We believe that all people were created in the image of God to have fellowship with Him but became alienated in that relationship by the sinful nature and through sinful disobedience. Thus, all people require salvation, but are incapable of regaining a right relationship with God through their own efforts.

We believe that the death and resurrection of Jesus Christ, provides the sole basis for the forgiveness of sin. Therefore, God freely offers salvation to all who repent of their sin and place their faith in the completed work of Jesus Christ.

We believe that the Bible upholds monogamous, heterosexual marriage between a natural man and a natural woman as God's exclusive design for marriage.

About Ordinances

We believe that Jesus Christ established believer's baptism by immersion, as well as the Lord's Supper as ordinances to be observed by the church during the present age.

About the Church

We believe that the church is the body of Christ; a community of believers of which Jesus Christ is the head. The purpose of the church is to glorify God by loving Him and all of His creation.

Student signature _____ **Date** _____



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SECTION A2 PERSONAL PROFILE

Instructions

We realise that these questions are of a personal nature, but they are necessary to get an accurate profile for discipleship purposes.

- This section must be completed by the **applicant**.
- This section is listed separately in order to give you the utmost confidentiality. Please be completely honest when completing it – it will be to your benefit.
- Email the completed form to yoyl@hatfield.co.za or return it to the Applications Secretary at the Hatfield Training Centre.
- All personal information is processed in compliance with the POPI Act.

Personal profile

What are the top five values that you are currently living by?

How long have you been intentionally following God?

Do you smoke?

If yes, are you willing to stop smoking?

☐ Yes

☐ No

☐ Yes

☐ No

Have you ever been convicted of a crime?

☐ Yes

☐ No

If yes, please give details

SECTION A2 PERSONAL PROFILE

Have you ever been involved in drug or alcohol abuse?

☐ Yes

☐ No

If yes, please give details

Are you currently involved in a romantic relationship?

☐ Yes

☐ No

Health

Your current health status

☐ Excellent

☐ Good

☐ Fair

☐ Poor

List any allergies

Note: We need to be aware of any allergies, but unfortunately cannot accommodate food allergies in our catering.

Do you have any physical limitations that we should be aware of?

☐ Yes

☐ No

If yes, please give details

Are you currently suffering from mental illness, severe depression or an eating disorder?

☐ Yes

☐ No

If yes, please give details

Do you have any learning disabilities that would make lecture style classes difficult for you?

☐ Yes

☐ No

If yes, please give details

Do you have any pre-existing medical conditions, or are you on any medication?

☐ Yes

☐ No

If yes, please give details, including contact details of the doctor handling your treatment.



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SECTION B PASTOR'S REFERENCE

Instructions

Please note that an application cannot be considered until we have received this recommendation. Serious consideration will be given to your comments, therefore please complete this form carefully.

- This section must be completed by the **pastor**.
- Please print and fill in with blue or black ink.
- Where checkboxes are provided, please indicate the relevant answer with an 'X'.
- Email the completed form to yoyl@hatfield.co.za or return it to the Applications Secretary at Year of Your Life. This recommendation should be returned directly to Year of Your Life, and **not** to the applicant.

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☐ January – November

☐ July – June

To be completed by the applicant

Surname

First name

Tel (H)

(W)

(Cell)

Email address

To be completed by the pastor

Surname

First name

Tel (H)

(W)

(Cell)

Home church

Email address

Section 1 – To be completed for all students

How long have you known the applicant?

How well do you know the applicant?

☐ Very well

☐ Well

☐ Casually

In your opinion, which of the following best describes the applicant's Christian experience?

☐ Mature

☐ Genuine and growing

☐ Overemotional

☐ Superficial

Please comment briefly on the applicant's family background.

SECTION B PASTOR'S REFERENCE

Please rank the applicant in the following areas:

Ability to cope with stress	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Ability to follow	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Christian character	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Concern for others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Co-operation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Emotional stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Flexibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Leadership	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Perseverance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Stewardship	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Self-discipline	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average
Social responsibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average

Please select any of the following words which might pertain to applicant

- | | | |
|---|---|---|
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Easily embarrassed or offended | <input type="checkbox"/> Addictive behaviour |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Prejudice towards groups, races or nationalities |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Frequently worried or anxious | <input type="checkbox"/> Unable to cope with stress |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Nervous or tense | <input type="checkbox"/> Erratic in attitudes or actions |
| <input type="checkbox"/> Critical of others | <input type="checkbox"/> Given to moods | |

Has the applicant, on any occasion, proven to be unreliable, dishonest or of questionable character?

☐ Yes ☐ No ☐ Do not know

If yes, please explain

Has the applicant ever been involved in drug or alcohol abuse or sexual immorality?

☐ Yes ☐ No ☐ Do not know

If yes, please give details and mention any ministry he/she has received in this area.

Do you recommend the applicant?

☐ Wholeheartedly ☐ With reservation ☐ Not at all

If not at all, please explain

What do you believe the applicant is called to? Comment briefly.

Is there anything else about the applicant you believe is necessary to bring to our attention?

I declare that to the best of my knowledge the contents of this recommendation are correct.

Signature

Date