

H.E.L.P Ministries International College

Application Form

Date: _____

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Note: Please Print Clearly in BLOCK letters

Name as is in passport (Underline surname)

Street Address:

P.O. Box No.

Town/City: _____ **Post Code**

Country:

Telephone:
(Home)

(Office)

(Mobile/Cell)

Fax: _____ **E-Mail:** _____ **Married:** Yes No

Birthdate: Day _____ Month _____ Year _____ **Name of spouse** _____

Nationality: _____ **No. of Children** _____

Education**

Details of Degrees/Diplomas

Awarded By (Give Name of Institution & City)

Dates Attended From _____ To _____

Proficiency in English:	Very Well	Well	Fair	With Difficulty
Speak	_____	_____	_____	_____
Write	_____	_____	_____	_____
Understand	_____	_____	_____	_____

**Please use separate sheet if necessary

Received

Recommended By:

Confirmed By:

Session:

Date:

H.E.L.P Ministries International College

Application Form

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Present Occupation & Positon: _____

Name of Company/Institution/Organisation: _____

Address: _____

Nature of Responsibility: _____

Field of Specialization (if any): _____

EXPERIENCE & TRAINING

Give Details of Previous Significant Positions, Publications or Honours (with dates):**

Church Affiliation: _____

(A confidential endorsement letter from your local pastor should be mailed directly to Rev Cecil Begbie by the pastor and not presented to participant)

Describe Your Involvement in Christian Work:**

Administrative Details

Your nearest International Airport: _____

Your financial involvement in this programme will be much appreciated.

We shall let you know the cost of the course after receiving your application and will give suggestions of how to cover the costs.

If accepted, the following items will be required: Two recent photographs, a recent health certificate, a certified copy of passport, or identification document (South African citizens only)

**Please use separate sheet if necessary

Date: _____

Signature: _____

For all correspondence: HE.L.P Ministries International College, P.O.Box 24447 Lansdowne, Cape Town, South Africa 7779; Email: info@help-trust.org.za; Fax: +27-21-7030717;

Telephone: +27-21-7030717; Cellphone: +27-(0)822268911; website: www.help-trust.org.za

**H.E.L.P Ministries International College
Certificate of Health**

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Name _____

Address _____

Height _____ Weight _____

Blood Pressure: Systolic _____ Diastolic _____

Vision Corrected _____ Uncorrected _____

Hearing Normal _____ Abnormal _____

Lungs and Heart: Any past history? _____ e.g. Tuberculosis

Present condition and treatment _____

Asthma _____

Any recent surgery? _____

Any history of epilepsy? _____

Any special diet? _____

Mental Health, e.g. depression? _____

schizophrenia? _____

Skin disease? _____

Any medication required? _____

FOR WOMEN PARTICIPANTS: State whether pregnant Yes No

SUMMARY OF EXAMINATION

Date: _____

Signature of Physician _____

Important: This Certificate of Health must be completed no more than 30 days before it is submitted to H.E.L.P Ministries International College marked for the attention of Rev Cecil Begbie.

Address and qualifications