



PO Box 3337
George Industrial
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South Africa
Tel: (+27) (0) 44 889 0070
info@outofafricamissions.org
www.outofafricamissions.org

CONFIDENTIAL

LIFE ACADEMY APPLICATION FORM

The Application Form should be completed and returned to Out of Africa Missions not less than three months before the commencement of the course for which you are applying.

Please indicate with a where applicable

Date: _____

PERSONAL DETAILS

Last name: _____ Date of Birth: _____

First name(s): _____ Age: _____

Maiden name (If applicable): _____ I.D/Passport no: _____

Gender (M/F): _____ Nationality: _____

Residential Address: _____ First Language: _____

_____ Postal Address (If different from residential): _____

Tel: (Home) _____ Other: _____

Tel: (Mobile) _____ Email address: _____

Tel: (Parent/Guardian) _____ Email (Parent/Guardian): _____

Your Current Occupation: _____

Parent / Guardian Occupation: _____

RECENT PHOTO (Please attach)



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SPIRITUAL BACKGROUND

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Name of Home Church: _____ Pastor(s) name: _____

Church Address: _____ Pastor's contact no: _____

_____ How long have you attended this church? _____

Have you had any previous Christian training? (If yes, please specify.) _____

Please give a brief description of your testimony. _____

Please indicate how you are currently actively involved in Christian ministry/church:

Describe your leading to attend this course: _____

Please briefly indicate your gifts: _____



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Please indicate your expectations of the course: _____ **CONFIDENTIAL**

EDUCATION

Secondary school name: _____

Year(s) attended: _____ Highest standard/level attained: _____

Name of College, Tech or University: _____

Year(s) attended: _____ Highest qualification attained: _____

LANGUAGE ABILITY

Please indicate level of ability to READ, WRITE and SPEAK

English: _____

Afrikaans: _____

Xhosa: _____

Zulu: _____

German: _____

Other: _____

PERSONALITY

This is a list of character traits. Please think carefully and only select those that BEST describe you.

(Continues on next page.)

_____ Adventurous

_____ Rebellious

_____ Trustworthy

_____ Ambitious

_____ Guarded

_____ Conservative

_____ Cheerful

_____ Perfectionist

_____ Outgoing

_____ Cooperative

_____ Sensitive

_____ Mature

_____ Flexible

_____ Serious

_____ Critical

_____ Dependable

_____ Indecisive

_____ Honest



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_____ Focused

_____ Lack of Faith in self

_____ Optimistic

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_____ Complacent

HEALTH

Please rate your current state of health

_____ Excellent

_____ Fair

_____ Good

_____ Poor

Please provide details of any allergies: _____

Do you have any physical limitations? *(Please specify.)* _____

Have you ever suffered with mental illness or depression? *(Please specify.)* _____

Have you ever suffered from an eating disorder? _____

Are you currently taking any medication? *(Please specify)* _____

Do you have any specific dietary requirements? *(Please specify)* _____

Do you have any learning disabilities? *(Please specify)* _____

CONFIDENTIAL REFERENCES

Please provide the names and contact details of TWO people, other than members of your family, who have a longstanding relationship with you. One of these should be your Pastor.



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REFEREE 1

REFEREE 2

Full name: _____

Full name: _____

Relationship to you: _____

Relationship to you: _____

Referee's address: _____

Referee's address: _____

Referee's contact no: _____

Referee's contact no: _____

Referee's email address: _____

Referee's email address: _____

NOTE: Should there not be a Pastor who knows you well enough to complete a confidential reference for you, please contact Out of Africa Missions office for alternative suggestions.



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AGREEMENT

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Please read the following carefully:

Agreement entered into by OUT OF AFRICA MISSIONS and THE STUDENT and his/her PARENT/GUARDIAN (if applicable).

I understand that all items related to this application submitted to Out of Africa Missions are part of the Life Academy application process, and become the permanent property of Out of Africa Missions and will not be returned.

I hereby state that all information contained in this application is correct and true. If Out of Africa Missions is to find any information contained herein false, it will result in immediate dismissal from the Out of Africa Missions Life Academy Programme. I understand that completion of the application in no way guarantees acceptance or enrolment as a student on the Out of Africa Missions Life Academy Programme.

I understand that the information contained in the **CONFIDENTIAL REFERENCES** is confidential and I hereby release the said materials to become permanent property of Out of Africa Missions.

I agree to abide by Out of Africa Missions' Code of Conduct and to acquaint myself with any changes thereto, which may be applicable to students on the course for which I am entering.

If I am accepted, I agree to follow the decision of the leadership and the full schedule of Out of Africa Mission's Life Academy Programme.

I agree to pay all relevant fees in full for any year of enrolment of the Life Academy Programme with Out of Africa Missions.

I exempt Out of Africa Missions from all claims for compensation which might occur during my period of study.

Student signature: _____ Date: _____

The following must be completed if the applicant is under 18 years of age.

I declare and agree to the **LIFE ACADEMY APPLICATION AGREEMENT** on behalf of the student.

Signature of Parent/Guardian: _____ Date: _____