



SONS AS EAGLES

Empowered Accurate Godly Leaders Effective in Society

For office use only: ACC. NR: _____ STUDENT NR: _____ ZONE: _____ HOUSE: _____

FULL-TIME APPLICATION FORM

(Please print clearly)

PERSONAL DETAILS			
MR. / MISS. / MRS.	DATE OF BIRTH:	/ /	DD/MM/YY
FULL NAMES:	AGE:		
	I.D. NUMBER:		
SURNAME:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
ORIGIN			
NATIONALITY:	PASSPORT NUMBER:		
FIRST LANGUAGE:	DATE OF ISSUE:		
SECOND LANGUAGE:	DATE OF EXPIRY:		
ON A SCALE OF 1 TO 10 (1 as poor and 10 as excellent) RATE YOUR ENGLISH (CIRCLE):			
<u>ENGLISH READING:</u>	POOR -	1 2 3 4 5 6 7 8 9 10	- EXCELLENT
<u>ENGLISH WRITING:</u>	POOR -	1 2 3 4 5 6 7 8 9 10	- EXCELLENT
<u>ENGLISH SPEAKING:</u>	POOR -	1 2 3 4 5 6 7 8 9 10	- EXCELLENT
<u>ENGLISH STUDYING:</u>	POOR -	1 2 3 4 5 6 7 8 9 10	- EXCELLENT
CONTACT DETAILS			
ADDRESS:	TEL. (H) CODE:	NUMBER:	
	TEL. (W) CODE:	NUMBER:	
	FAX. CODE:	NUMBER:	
	CELL NUMBER:		
POSTAL CODE:	E-MAIL:		
MARRIAGE STATUS			
SINGLE / MARRIED / WIDOW / DIVORCED	NUMBER OF YEARS MARRIED:		
NAME OF SPOUSE:	NUMBER OF CHILDREN:		
	NAME OF CHILD/REN:	BOY/GIRL	AGE
EDUCATION			
PRESENT OCCUPATION:	NUMBER OF YEARS WORKED:		
COMPANY'S NAME:	SUPERVISOR'S NAME:		
TEL. (W) CODE:	NUMBER:	FAX. CODE:	NUMBER:
LIST ALL OTHER QUALIFICATIONS:			
INCLUDE A COMPLETE CV OF THESE SCHOOLS, STUDIES AND OCCUPATIONS			
FOR EMERGENCY (while studying at Creare) CONTACT:			
NAME:	RELATIONSHIP:		
TEL. (H) CODE:	NUMBER:	TEL. (W) CODE:	NUMBER:
FAX. CODE:	NUMBER:	E-MAIL:	
CELL NUMBER:			

MEDICAL DETAILS

(Mark with an X)

- Do you have any physical conditions that might hinder your participation at Creare Training Centre? **NO** **YES**
- Do you have any learning difficulties? **NO** **YES**
- Are you presently on any medication? **NO** **YES**
- Are you currently under any doctor's care? **NO** **YES**
- Did/Do you have any serious illness? **NO** **YES**

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE MORE DETAIL.

FINANCES

EXPLAIN IN DETAIL HOW YOU PLAN TO PAY YOUR TUITION AND ACCOMMODATION FEES MONTHLY?

CREARE

WHERE DID YOU RECEIVE INFORMATION ABOUT CREARE?

WHAT IS YOUR MOTIVATION TO COME AND STUDY AT CREARE?

WHAT IS YOUR PARENT'S AND FAMILY'S OPINION ABOUT YOUR PLANS TO STUDY AT CREARE?

WHEN DO YOU PLAN TO COME TO THE TRAINING CENTRE?

HOW LONG DO YOU PLAN TO COME AND STUDY AT CREARE FOR? (MARK WITH AN X)

- | | | | |
|----------------|--------------------------|-------------|--------------------------|
| HOLIDAY SCHOOL | <input type="checkbox"/> | ONE YEAR | <input type="checkbox"/> |
| THREE MONTHS | <input type="checkbox"/> | THREE YEARS | <input type="checkbox"/> |
| SIX MONTHS | <input type="checkbox"/> | OTHER | _____ |

WITH THIS IN MIND (APPLIES TO INTERNATIONAL STUDENTS), WHICH VISA/PERMIT DO YOU PLAN TO APPLY FOR? (MARK WITH AN X)

- | | | |
|--|--------------------------|-------------|
| STUDY VISA | <input type="checkbox"/> | |
| <i>(THIS VISA IS VALID FOR THREE MONTHS AND CAN BE EXTENDED IN SA)</i> | | |
| STUDY PERMIT | <input type="checkbox"/> | OTHER _____ |
| <i>(THIS PERMIT IS VALID FOR THE WHOLE PERIOD OF TIME YOU PLAN TO STUDY IN SA)</i> | | |

NOTE: WE DO NOT ACCEPT STUDENTS WHO OBTAIN 'VISITOR' OR 'TOURIST' VISAS!

WE REQUIRE THAT YOU MAKE USE OF OUR STUDENT HOUSES FOR ACCOMMODATION.

IF FOR ANY REASON NOT, PLEASE EXPLAIN WHY AND WHERE YOU PLAN TO STAY AND PROVIDE THE PHYSICAL ADDRESS.

WOULD YOU BE OPEN TO PRACTICAL DISCIPLESHIP? YES NO EXPLAIN YOUR ANSWER

WHAT ACADEMY/ACADEMIES WOULD YOU LIKE TO SPECIALIZE IN, IN THE DURATION OF YOUR STUDIES HERE?
(Mark with an X)

- | | |
|------------------------------------|--------------------------|
| MUSIC ACADEMY | <input type="checkbox"/> |
| DRAMA ACADEMY | <input type="checkbox"/> |
| DANCE ACADEMY | <input type="checkbox"/> |
| ART ACADEMY | <input type="checkbox"/> |
| MULTIMEDIA ACADEMY | <input type="checkbox"/> |
| WORSHIP ACADEMY | <input type="checkbox"/> |
| CHURCH PLANTING & MISSIONS ACADEMY | <input type="checkbox"/> |
| YEAR OF LIFE ACADEMY | <input type="checkbox"/> |
| WORD ACADEMY | <input type="checkbox"/> |
| PROPHETIC ACADEMY | <input type="checkbox"/> |
| SKILLS ACADEMY | <input type="checkbox"/> |
| SPORT & RECREATION ACADEMY | <input type="checkbox"/> |

Combination/Other:

WOULD YOU SEE YOURSELF IN ONE OR MORE OF THE FOLLOWING AFTER YOUR STUDIES AT CREARE (NATIONAL OR INTERNATIONAL)?

- | | | |
|---|---|--------------------------|
| * | PASTOR OR YOUTH PASTOR OF A LOCAL CHURCH | <input type="checkbox"/> |
| * | WORSHIP LEADER | <input type="checkbox"/> |
| * | PIONEERING A NEW CHURCH IN THE NATIONS | <input type="checkbox"/> |
| * | PIONEERING A CREARE TRAINING CENTRE AT AN EXISTING LOCAL CHURCH | <input type="checkbox"/> |
| * | LECTURING AT AN EXISTING CREARE TRAINING CENTRE | <input type="checkbox"/> |
| * | FULLTIME TOURING TEAM | <input type="checkbox"/> |

DISCLAIMER

Carefully read through the following agreement for full-time students.

We give recognition to true children (Rom 12:6 – 11)

- Accept each other in the Name of Jesus.
- Respect the Christ in every person, understanding that each one is still on the road to become like Him.
- A teachable attitude is important.
- The world will know that we are the disciples of Jesus, if we love one another.

AGREEMENTS WITH FULL TIME STUDENTS:

1. All full time students need to agree to the discipleship purposes. If you decide to study part time, you will not be allowed to follow the fulltime program. (You will only be allowed to do the part time program.)

2. **DRESS CODE:**

LADIES

No Spaghetti strap tops without proper support, - tight fitted shorts, pants, skirts, etc. - Short dresses/skirts more than 8cm above the knee, - revealing tops, - tummies to be shown, - bikinis or short topped two pieces, - see through clothes without under tops, - underwear showing, - offensive tops/clothing.

Please note that practical, non-revealing clothing should be worn for the dance and drama classes.

MEN

No Speedo's, - ski pants without shorts over them, - Polly shorts, - boxers visible, - offensive tops/clothing.

Please note that practical, non-revealing clothing should be worn for the dance and drama classes.

3. **PRACTICAL HOUSE RULES:**

- Curfew for all fulltime students and all other boarders is 10pm on Monday-Thursday and Saturday, 12pm on Fridays and 11pm on Sundays. (Arrangements to come in later should be made in advance with each house prime).
- At 21:30 pm all loud socializing & playing of music etc. will cease. (Let's respect other's quiet & sleeping times).
- Only Gospel music will be played on any Creare premises. (No secular music)
- On all Creare's premises it is the policy that all students abstain from the use of alcohol, drugs and tobacco.
- Food will only be prepared in kitchens. (Except rooms with a built-in kitchen).
- No beds, mattresses or cupboards can be moved except if arranged with the house prime or appointed person.
- Students will only be allowed to sleep out, if an arrangement is made with the house prime or appointed person.
- All full time students will attend First Love meetings.
- Every boarding person will receive a specific task in and around the house. (e.g. cleaning of bathrooms, toilets, kitchens, etc.)
- Every boarder is responsible for cleaning up his/her room. (Floor mopped, beds made, cupboards and desks tidied, etc.)
- Inspections could be held daily by the house prime or appointed person to check if duties are completed daily according to the criteria given for each task.
- All places (bathroom, kitchen, etc.) will be cleaned after use.
- Men and women are not allowed to be in each other's rooms at any given time.
- If a gentleman and lady wish to discuss a certain matter, the lounges, kitchens or gardens could be used.
- All boarders will be present at house meetings (except when special arrangements are made with the house prime).
- All complaints, etc. should be put on the house meeting's Agenda before the time.
- A washing machine & washing lines will not necessarily be available at each Creare house.
- If they are available, washing rosters will be completed to provide a fair time for every boarder. Each boarder will stay to his/her booked time.
- After 3 days all clothes still in the washing room or on the washing lines will be donated to less fortunate people.
- Only SKIP/BIO CLASSIC washing powder will be used in the washing machine.
- Students are responsible for their own meals as well as cutlery and crockery. Kitchens will be available in student houses. (Training available for the students who do not know how to cook) (*Refer to the Price list*)
- "Consequences" will be given to all boarders who neglect to do their duties correctly or fail to abide by the stated rule of this agreement. It will be given by the house prime or appointed person.
- If a boarder neglects to complete his/her consequences, a warning will be given to him/her.
- After 3 warnings that boarder will be expelled from the student house & his/her position as student will be reviewed.

- Preliminary acceptance is given to students at the Training Centre with final acceptance and clearance done after a 3 month evaluation period. This will be done & given to students and parents in writing.

INDEMNITY FORM 1

1. I hereby absolve the leadership, Principal and/or his assistant/s from any claim that might arise from injury, damage to property or loss, or any other claim whatsoever, whilst my child is / I am under their supervision, including injuries that might occur during classes or at any of the student houses.
2. In the event of any claim arising, as mentioned above, I declare that I will refrain from instituting any action against the leadership, the principal and / or his assistant/s for the relief of recovery of such damage or loss.
3. I hereby give permission for the school, the principal and/or his assistant/s to transport my child / me on any outreach to any place of interest. In the event of any claim arising due to this outreach, I hereby absolve the leadership, principal and/or his assistant/s from any claim that might arise from injury, damage to property or loss, whilst being transported.

I,, the undersigned do hereby declare that I am the lawful parent/guardian of and that I am entitled to make this indemnity on behalf of my child for the period of

Or

I, the undersigned do hereby declare that I am lawfully entitled to make this indemnity for the period of

DATED AND SIGNED AT ON THIS DAY OF 20__.

WITNESSES:

- | | |
|-----------------|------------------|
| 1. PARENT | 3. STUDENT |
| 2. PARENT..... | |

INDEMNITY FORM 2

DISCIPLINARY MEASURES IN LOVE WILL INCLUDE:

- 1) 1 month notice will be given if financial obligations are not kept. Special arrangements can be made with the financial department, in certain cases.
- 2) Tasks will be given to students who break certain rules.
- 3) Suspension will be considered in extreme cases.

I do hereby undertake, that I will submit to all the included rules and regulations given by the Creare Training Centre in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word, as well as the house owners and leaders of the house I stay in. I hereby declare that I have thoroughly studied the included rules and realize that if I do not keep to the regulations, disciplinary measures – as the above mentioned – will be taken against me.

I undertake to submit to the Leadership of Creare Training Centre.

I as parent / Guardian of hereby give permission that he/she may receive training / residence / lunches, at Creare Training Centre in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. I realize that if the included regulations are not kept, the necessary disciplinary measures will be used.

Your address:,,

Tel: (), Cell (), Fax ()

We thank you for your co-operation.

C. van Heyningen
HEADMASTER

DATED AND SIGNED AT ON THIS DAY OF 20__.

WITNESSES:

- | | |
|-----------------|---------------|
| 1. PARENT | STUDENT |
| 2. | |

CHRISTIAN'S DETAILS

NAME:	SURNAME:
ADDRESS:	TEL. (W) CODE: NUMBER:
	FAX. CODE: NUMBER:
POSTAL CODE:	E-MAIL:
CELL NUMBER:	

OTHER CHRISTIAN REFERENCE

PERSONAL DETAILS OF APPLICANT

MR. / MISS. / MRS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
CELL NUMBER:	

The above mentioned person is applying for admission to Creare Training Centre (School in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word), fostering students as worshippers, who can express their love for God in a creative way through Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Further we use this process as a basis to develop Musicians, Actors, Dancers and Artists in Technique and Perspective to be effective servants in the Hand of God, who under the guidance of the Holy Spirit, give themselves through their developed talents to worship God and disciple others to Him.

PLEASE BE FRANK BUT FAIR IN YOUR COMMENTS TO ASSIST OUR ASSESSMENT OF THE APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT FOR? _____
 HOW WELL DO YOU KNOW THE APPLICANT? VERY WELL WELL NOT SO WELL

Does the Applicant know Christ as his/her Lord and Savior? Yes No
 Does the Applicant's life reflect a commitment to Christ? Yes No
 Does the Applicant live by Biblical, moral Standards? Yes No

On a scale of 1 to 10 how would you rate THE APPLICANT'S ENGLISH (CIRCLE):

<u>ENGLISH READING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH WRITING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH SPEAKING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT
<u>ENGLISH STUDYING:</u>	POOR	-	1 2 3 4 5 6 7 8 9 10	-	EXCELLENT

WHAT TYPE OF CHRISTIAN SERVICE HAS THE APPLICANT BEEN INVOLVED IN?

HAVE THERE BEEN ANY MORAL FAILINGS WITHIN THE LAST TWELVE MONTHS THAT YOU ARE AWARE OF? YES / NO

HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CULTURE, OTHER CULTURES AND RACES?

ANY OTHER PERTINENT COMMENTS:

I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL, THE APPLICANT, TO ATTEND CREARE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA, DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).

SIGNATURE: _____

DATE: ____ / ____ / ____

DO YOU WISH THIS REFERENCE TO REMAIN CONFIDENTIAL? YES / NO

PASTOR'S DETAILS	
CHURCH NAME:	PASTOR/MINISTER'S NAME:
ADDRESS:	TEL. (W) CODE: NUMBER:
POSTAL CODE:	FAX. CODE: NUMBER:
CELL NUMBER:	E-MAIL:

PASTOR'S REFERENCE	
PERSONAL DETAILS OF APPLICANT	
MR. / MISS. / MRS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
SURNAME:	I.D. NUMBER:
CELL NUMBER:	GENDER: (Mark with an X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

The above mentioned person is applying for admission to Create Training Centre (A School in Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word), fostering students as worshippers, who can express their love for God in a creative way through Music, Drama, Dance, Art, Multimedia, Skills, Prophetic and Word. Further we use this process as a basis to develop Musicians, Actors, Dancers and Artists in Technique and Perspective to be effective servants in the Hand of God, who under the guidance of the Holy Spirit, give themselves through their developed talents to worship God and disciple others to Him.

PLEASE BE FRANK BUT FAIR IN YOUR COMMENTS TO ASSIST OUR ASSESSMENT OF THE APPLICATION.

HOW LONG HAVE YOU KNOWN THE APPLICANT FOR? _____
 How well do you know the Applicant? Very well Well Not so well

DOES THE APPLICANT KNOW CHRIST AS HIS/HER LORD AND SAVIOR? YES NO
 DOES THE APPLICANT'S LIFE REFLECT A COMMITMENT TO CHRIST? YES NO
 DOES THE APPLICANT LIVE BY BIBLICAL MORAL STANDARDS? YES NO

ON A SCALE OF 1 TO 10 HOW WOULD YOU RATE THE APPLICANT'S ENGLISH (CIRCLE):

<u>ENGLISH READING:</u>	POOR	-	1	2	3	4	5	6	7	8	9	10	-	EXCELLENT
<u>ENGLISH WRITING:</u>	POOR	-	1	2	3	4	5	6	7	8	9	10	-	EXCELLENT
<u>ENGLISH SPEAKING:</u>	POOR	-	1	2	3	4	5	6	7	8	9	10	-	EXCELLENT
<u>ENGLISH STUDYING:</u>	POOR	-	1	2	3	4	5	6	7	8	9	10	-	EXCELLENT

WHAT TYPE OF CHRISTIAN SERVICE HAS THE APPLICANT BEEN INVOLVED IN?

HAVE THERE BEEN ANY MORAL FAILINGS WITHIN THE LAST TWELVE MONTHS THAT YOU ARE AWARE OF? YES / NO

HOW DO YOU THINK THE APPLICANT WILL ADJUST TO THE SOUTH AFRICAN CULTURE, OTHER CULTURES AND RACES?

ANY OTHER PERTINENT COMMENTS:

I RECOMMEND WHOLEHEARTEDLY / WITH RESERVATIONS / NOT AT ALL. THE APPLICANT TO ATTEND CREATE TRAINING CENTRE (SCHOOL IN MUSIC, DRAMA, DANCE, ART, MULTIMEDIA, SKILLS, PROPHETIC AND WORD).

SIGNATURE: _____

DATE: ____ / ____ / ____

DO YOU WISH THIS REFERENCE TO REMAIN CONFIDENTIAL? YES / NO

PERSONAL DETAILS OF APPLICANTS HUSBAND/WIFE AND CHILDREN

MR. / MRS:	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MR. /MISS.	DATE OF BIRTH: / / DD/MM/YY
FULL NAMES:	AGE:
	I.D. NUMBER:
SURNAME:	GENDER: (MARK WITH AN X) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

CHECK LIST

PLEASE INCLUDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION FORM

- A CV of your school(s), studies and previous occupations etc.
- Two completed Reference letters. One by your local Pastor and the other by another mature Christian.
- A copy of your ID.

PLEASE SEND A CLEAR COPY OF THIS APPLICATION FORM TO CREARE TRAINING CENTRE , VIA POST, FAX, OR E-MAIL.
 CREARE TRAINING CENTRE, P.O. BOX 11460, UNIVERSITAS, 9321, TEL NR. 051 522 4636 FAX NR. 051 522 4636
national@crearedream.com