

For Office Use Only:

PASSPORT PHOTO:

Date Application Received:

Date Approved:

Date Confirmed & Admin Fee Paid:

MODULAR COURSE APPLICATION FORM

Thank you for your enquiry for the MODULAR COURSE. All applications are viewed prayerfully and the information you give assists us in understanding more God's purpose for each applicant. Please complete all relevant sections of this form. It would be appreciated if you would write clearly & PRINT all essential information. Married couples, would you each complete a separate form.

Title Name

Surname.....

Postal Address..... Town.....

Province..... Postal Code..... Country

Number (h)..... (c)..... Fax No:.....

Email.....

ID Number:..... Age:.....

Occupation

Gender: Male..... / Female Nationality.....

Marital status (Please tick): Single..... Married..... Divorced..... Widowed.....

If married, and would be attending the Course alone, would you have your husband/wife's total support?
If not, please summarise here your reasons why you still feel it would be right for us to consider your application:

.....
.....
.....

TRAVELING & ACCOMMODATION INFORMATION

Do you need accommodation? (We have limited accommodation available on request at an additional cost)

Date of Arrival at Shere House? Date of Departure from Shere House?

AIRPORT SHUTTLE: Indicate which airport

Flight no Date & Time of Arrival Date & Time of Departure:.....

BUS SHUTTLE: PRETORIA STATION:

Bus Company Name & Date & Time of arrival

Personal Health

Are you generally in good health?

Health Specific Dietary Requirements: Diabetic Allergies

If not, please give details:

Please give details of any physical disability you have and any special needs required:

Do you have any physical / psychiatric conditions for which ongoing medical treatment is necessary?
Please give brief details:

Have you ever been medically treated for psychiatric / psychological / emotional problems?
If 'Yes', please give brief details including mention of any periods of hospitalisation/Are you on any medication at the moment?

Please summarise below why you want to come on the Course and explain how you believe it will benefit your life and service to God :

Please add here any further information about yourself that you feel it would be helpful for us to know:

Please give : names, addresses and telephone numbers of two referees, who have known you for at least one year who will vouch for your suitability to attend this Course, one **should** be your current Pastor/Minister.
Ref. No 1 Pastor / Minister Ref. No 2

MODULAR SCHOOL PART-A

Please enrol well in advance:

- Foundations for the Healing Ministry
- Moving Under the Anointing of the Holy Spirit
- Acceptance and Belonging
- Inner Healing and Emotional Wholeness
- Deliverance Ministry 1
- Steps to Freedom from Fear
- The Truth about Sex and Sexuality 1
- Restoring the Human Spirit
- Principles for Care, Counselling and Ministry
- Healing Workshop

I enclose the ADMIN Fee of R50 R.....
I enclose the cost of the first module..... R.....

Payment may be made by cheque (payable to **Ellel Ministries**) OR by Credit or Debit Card (card bookings can be taken over the telephone, fax or email).

Card Number:

Expiry Date...../.....Date from...../.....Issue No..... Security Code.....Signature.....

Please supply Cardholder's name and address if different from name and address shown overleaf.

Banking Details for Internet transfers or Direct Deposit:

Payment Reference: Please use your Surname + MOD A

Ellel Ministries SA
Standard Bank, Castle Walk
Branch Code: 014645
Account No: 01 220 9511
Account Type: Cheque

Applicant's Signature..... Date.....

Pastor/Minister's Signature..... Date.....

Please return this form marked for the attention of:

The Modular Course Coordinator,

P.O. Box 39569, Faerie Glen, Pretoria, South Africa, 0043

Tel: (012) 809-1172 e-mail: bookings@ellel.org.za Fax: (012) 809-1173