



Our website: www.globalmissionaries.online | Complete this application form as thoroughly as it is possible and send it to enrollments@globalmissionaries.online | Send inquiries to info@globalmissionaries.online or call +27 63 266 9188, or contact your course agent.

APPLICATION FOR ADMISSION

DATE OF APPLICATION	
YEAR: _____	MONTH: _____ DAY: _____
PERSONAL DETAILS	
FIRST NAME/S: _____	
TITLE (EXAMPLE: MR/ MRS/ MISS/ MS/ DR/ PROFESSOR/ SIR/ NDHUNA/ CHIEF/ KING/ QUEEN/ MKHULU/ GOGO/ DEACON/ PASTOR/ EVANGELIST/ PROPHET/ APOSTLE): _____	
OCCUPATION: _____	
SURNAME: _____	ID NUMBER: _____
DATE OF BIRTH (YEAR: _____	MONTH: _____ DAY: _____
GENDER: _____	MARITAL STATUS: _____
COUNTRY OF BIRTH: _____	COUNTRY OF RESIDENCE: _____
RESIDENTIAL ADDRESS	
UNIT NUMBER: _____	COMPLEX NAME: _____
STREET NUMBER: _____	STREET NAME: _____
SUBURB NAME: _____	
TOWN OR CITY NAME: _____	
COUNTRY NAME: _____	AREA CODE: _____
CONTACT DETAILS	
POSTAL ADDRESS (IF NOT THE SAME AS THE ABOVE)	
PRIVATE BOX NUMBER: _____	POSTNET SUITE NUMBER: _____
P.O. BOX NUMBER: _____	TOWN/ CITY: _____ CODE: _____

EMAIL ADDRESS: _____
TELEPHONE NUMBER/S: _____

COURSE DETAILS

MARK THE COURSE/S APPLIED FOR WITH AN X OR TICK

CERTIFICATE IN CHRISTIAN FUNDAMENTALS <input type="checkbox"/>	CERTIFICATE IN MINISTRY ADMINISTRATION <input type="checkbox"/>	DIPLOMA IN MINISTRY LEADERSHIP AND APPLIED PHILOSOPHY <input type="checkbox"/>
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PLEASE TICK IF YOU REQUIRE THE FOLLOWING AS PART OF YOUR STUDY PACK

PRINTED KJV BIBLE <input type="checkbox"/>	BIBLE POUCHE <input type="checkbox"/>	BIBLE PURSE <input type="checkbox"/>	MEMORY STICK WITH STUDY PACK <input type="checkbox"/>	PRINTED TUTORIALS <input type="checkbox"/>
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PAYMENT DETAILS FOR ANY DONATIONS/ OFFERINGS, BOOK SALES & PROMOTIONAL ITEMS

MARK YOUR PAYMENT FACILITY OPTION WITH AN X OR A TICK

VISA CARD PAYMENT <input type="checkbox"/>	DEBIT ORDER <input type="checkbox"/>	EFT <input type="checkbox"/>
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COUPON CODE, IF A DISCOUNT/S WERE OFFERED

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PAYMENT FREQUENCY

ONCE-OFF <input type="checkbox"/>	OVER 3 MONTHS <input type="checkbox"/>	OVER 6 MONTHS <input type="checkbox"/>	OVER 12 MONTHS <input type="checkbox"/>
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PROVIDE THE DATE IN WHICH YOU WOULD LIKE TO MAKE THE ONCE OF PAYMENT

YEAR: _____ MONTH: _____ DATE: _____

PROVIDE THE DATE IN WHICH YOU WOULD LIKE TO START YOUR INSTALLMENT OPTION

YEAR: _____ MONTH: _____ DATE: _____

NB: Your payment facility will be set-up according to the choice you would have made above. If you donate or purchase promotional items you help us to pay stipends and or salaries to the staff, cover administration expenses and fund the next students for the courses. Please donate or give an offering that you feel led in the spirit to pay, we do not compel you to support us with money or anything, and please do not let anyone compel you if you are not able to offer anything.

Our courses are brought to you by the free-will offerings of the saints who offer money, time and expertise to ensure that the courses reach out to the world, and that they are moderated, marked, and the necessary administration thereof is performed. 2 of 3

NAME OF STUDENT ADVISER: _____

STUDENT ADVISER'S CODE:

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- PROVIDE A PROOF OF ANY PREVIOUS QUALIFICATION IF YOU WOULD LIKE TO BE CREDITED FOR SOME MODULES IN THE COURSE APPLIED FOR.
- YOUR COMPETENCY IN THE ENGLISH LANGUAGE IS A COMPULSORY REQUIREMENT. IF YOU ARE APPLYING FOR A LEADERSHIP QUALIFICATION, PLEASE PROVIDE REFERENCE FOR PREVIOUS LEADERSHIP EXPERIENCE OR CURRENT APPRENTICESHIP WITH A MENTOR.
- ATTACH YOUR ID/ PASSPORT COPY AND PROOF/ AFFIDAVIT OF ADDRESS.

UNDERTAKING

The applicant hereby confirms that he/ she has the capacity to apply for the course or courses opted in this application form, and that he/ she has read about the minimum requirements, and he/ she understands them. The applicant further confirms that the information he/ she has provided is true to the best of his/ her knowledge at the time of applying, and that Global Missionaries, its staff members, contractors, and partners should use the information for the purpose contemplated in this application, and such use of the information shall satisfy the legal requirements where consent may be of concern. The applicant confirms that Global Missionaries should use the contact details provided in this application until changed through a prior written notice of seven days.

Signature of applicant

Date (Year: _____ Month: _____ Day: _____)

SIGN HERE
