



## VASTFONTEIN MINISTRY EQUIP TRAINING APPLICATION FORM

<b>Surname:</b>	_____	<b>Date of Birth:</b>	_____
<b>First Names:</b>	_____	<b>ID Number:</b>	_____
<b>e-mail:</b>	_____	<b>Cell phone:</b>	_____
<b>Residential Address:</b>	_____	<b>Postal Address:</b>	_____
<b>Postal Code:</b>	_____	<b>Postal Code</b>	_____
<b>Nationality:</b>	_____	<b>Ethnic Origin:</b>	_____
		<b>Marital Status:</b>	_____
<b>Home Language:</b>	_____	<b>Do you speak, read and write English</b>	<b>Y/N</b>
<b>Highest level of Education:</b>	_____	<b>Denomination</b>	_____

Hereby I agree to abide by the rules and regulations of Vastfontein Ministry Equip training centre.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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APPROVED BY SENIOR PASTOR OF YOUR CHURCH

SURNAME / NAME OF PASTOR \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TEL NO: \_\_\_\_\_

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PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION FORM:

1. Testimony of your faith in Jesus Christ
2. Why do you want to study at this school?
3. A certified copy of your highest certificate of learning. (Requirement Gr 10)
4. A certified copy of your ID

Email application to [info@vastfontein.co.za](mailto:info@vastfontein.co.za)