

CHRISTIAN EXPERIENCE

Give a brief account of your conversion and experience of the Lord Jesus Christ

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What are your reasons for wishing to attend Bible School, ABS

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Give the name and address of the church you attend

In what Christian service have you been engaged?

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Denomination

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Minister's name and address

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REFEREES

Give the names and addresses of two referee (not from your immediate family)

Your Minister, Pastor, an Elder Etc

Name _____ Ph & Fax _____
Address _____ Postcode/Zip _____
Email _____

A friend or associate

Name _____ Ph & Fax _____
Address _____ Postcode/Zip _____
Email _____

Note: Your reference forms are included with this application. Please fill in your name and address then send them to your referees. Retrieve the forms as soon as they are complete for inclusion with your application form, unless your referees wish to send them separately.



RELATIONSHIPS

Which of the following applies to you?

single engaged married widowed divorced single parent

If engaged, do you have a date set for your wedding? If so, when?

If married, name of spouse Date of Marriage

Is your spouse in full agreement with your plan to attend a Torchbearer Bible School?

If you have children, please give names and dates of birth.....

Do you have a friend or relative applying? If so, please give his/her name

What is his/her relationship to you?

MEDICAL (Important please fill in accurately)

If your answer to any of the following six questions is "yes", **please give details on a separate sheet as necessary.** You may be required to provide a doctor's report. (Please circle the appropriate answer)

- | | | |
|---|---|----------|
| 1 | Do you suffer from any disability which would limit you doing practical duties? | Yes / No |
| 2 | Have you had a nervous or mental illness at any time? | Yes / No |
| 3 | Have you suffered from, and had treatment for, anorexia nervosa or bulimia? | Yes / No |
| 4 | Do you have diabetes, epilepsy, blackouts ? | Yes / No |
| 5 | Do you have any Allergies? (including food) (please state medication) | Yes / No |
| 6 | _____ | |

6 Have you had any surgery or major illness in the last 5 years (please explain)

7 Do you have other medical issues that we need to know about before you come? (please explain) Yes / No

8 Do you regularly require any prescribed medicine? Yes / No

9 Do you have a learning disability? Yes / No
If so, please explain . _____

Have you used tobacco, alcohol or narcotics (including marijuana) in the last year? If so, please explain Yes / No

Have you ever had treatment for alcoholism, drug addiction or eating disorders? If so, please explain Yes / No

This information will not jeopardise your enrolment to Capernwray Bible School. But we reserve the right to ask more questions if necessary.

TALENTS, HOBBIES AND WORK EXPERIENCE (N/A BSL Course)

Do you have any specific abilities or experience that could be useful for the **practical** running of the School, e.g. carpentry, lifeguarding, etc?

What are your hobbies? _____

Do you play any musical instruments? _____

Can you bring your instruments with you? Yes / No

Have you any previous experience in ministry involving singing groups, drama or puppet groups? Please give details

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FINANCE

Students are responsible for supplying their own support. **Scholarships are not available** from the School. **New Zealand students** may be eligible for local student allowances/loans (application should be made direct to WINZ).

Are you in a position to pay the full fees? Yes
No

Are you able to provide your own personal pocket money (for laundry, toiletry needs, travel during term breaks, etc.)? Yes
No

If no please explain _____

Are you able to pay your travel expenses to and from School? Yes
No

NB For Overseas Students: Immigration Officials will require evidence of finance and return travel ticket

CONDITIONS OF ENROLMENT

Please read carefully

Important

We would like for you to take the time to read the Life File. This is your student orientation booklet which covers the rules and guidelines that you need to abide by when you are here at Capernway. We understand that you may object to some of these but we ask that you respect them and to agree to respect and obey them before you come. So by signing this document and submitting it to us, we understand that you have read the life file and agree to abide by it for the length of your stay. If you have any issues please call us or email us on the Capernway website and we will endeavor to answer any questions.

I have read "The life File" on the Capernway Website.

Yes

ENROLMENT AGREEMENT

To be signed by all applicants:

*All students are expected to devote themselves unreservedly to their studies in lectures and study periods and to conform **willingly** to the time table through the whole day. Punctuality and cooperation are essential for the well-being of the whole student body and for personal discipline...If for any reason you feel unable to conform to our Conditions of Enrolment please do NOT enrol."*

I am 18* years of age or over. I have read and fully understood the Conditions of Enrolment. I agree to carry out my studies and duties at all times to the best of my ability. I will accept the decisions, disciplines and dress regulations of the School Authorities as laid down in the Life file handbook during my stay in the Bible School.

Signature of Applicant

Date ____/____/____

How did you hear about Capernway NZ (or Torchbearer Bible Schools)? Please give the name of the person or place

Staff member _____ Friend _____ Past Student _____

Advertisement _____ Web search on _____ Web Link _____

Other _____

Have you had a close relative attend one of the Torchbearer Schools? If so, please give the person's name and the Bible School that they attended:



Referee Form

STUDENT: Please fill in your name and address on both forms; give one form to your minister and one to an adult who knows you well.

REFEREE: The named applicant has indicated your willingness to be his/her reference for his/her application for a place in our Bible School. We would be most grateful if you would answer all of the following questions.

Students Name _____

Address _____

Postcode/Zip _____

PH & Fax _____

Email _____

1. How long has the applicant been a born-again Christian?

2. How well do you know him/her?

fairly well numerous personal contacts very close pastoral relationship

3. The length of my relationship with the applicant is:

less than one year 1-2 years 3-5 years more than 5 years

4. Please indicate areas of consistency in the applicant's life: (N/A for BSL Students)

	consistent	requent	occasional	seldom
Bible study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church service and ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging others spiritually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Is the applicant mature enough to leave home and adjust to a college community?

strongly agree agree disagree

6. Please tick any of the following the applicant currently uses:

tobacco alcohol habit-forming drugs none to my knowledge

7. I believe the applicant shows particular ability in

8. I have no reservations concerning the applicant's honesty and integrity

strongly agree agree disagree

9. To your knowledge has the applicant ever been involved in the occult?

yes no

10. I recommend this applicant for study at a Capernwray Bible School

unreservedly with reservations do not recommend

If you do not recommend please comment further



Cut Here



APPLICANT PROFILE

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In order to give us a better profile of the applicant as a person, please rate the applicant in each of the following areas. Circle the number which, in your opinion, best represents where the applicant fits on the scale given for each category.

I do not know because _____

Self-control	1	2	3	4	5	6	7	8	
	very little								extreme self-control
Committed believer	1	2	3	4	5	6	7	8	
	uncommitted								highly committed
Diligent student	1	2	3	4	5	6	7	8	
	lazy								industrious
Teachable	1	2	3	4	5	6	7	8	
	rebellious								highly responsive
Home background	1	2	3	4	5	6	7	8	
	unsupportive								supportive
Personality	1	2	3	4	5	6	7	8	
	withdrawn								outgoing
Relationships	1	2	3	4	5	6	7	8	
	abrasive								congenial
Emotional stability	1	2	3	4	5	6	7	8	
	unstable								stable
Initiative	1	2	3	4	5	6	7	8	
	never initiates								takes initiative
Leadership	1	2	3	4	5	6	7	8	
	never leads								leader
Dependability	1	2	3	4	5	6	7	8	
	irresponsible								extremely dependable
Judgment	1	2	3	4	5	6	7	8	
	poor								very discerning

If your estimation is to the lower part of the scale, please add further comments you feel would be helpful to us:

Thank you for the time and effort you have given to complete this form. Please check that you have answered all the questions and either return it to the applicant or send it to the Registrar, Capernwray Bible School, P.O.Box 702, Cambridge, New Zealand.

Name _____

Address _____

_____ Postcode/Zip _____

PH (____) _____

Email _____

Your Position & How do you know the student?

Signature _____

Date ____/____/____