



## Application for Admission to Gap Year

*In order for your application to be processed, ALL questions must be answered*

Please write in **CLEAR BLOCK LETTERS ONLY**

### PERSONAL DETAILS OF STUDENT

Please circle:      Male      Female	Date of birth:	Age:
First Name:	Surname:	
Please circle:      South African Citizen / Permanent Resident / International Student		
ID or Passport number:		
Visa number for International Students:		
Visa expiry date:		
Physical address:		
Contact number:		
Email address:		
Date of arrival:		
Date contract to expire:		
Current activity:	Scholar / Student / Apprentice / Other (specify)	
Current occupation (if applicable):		
Employer (if applicable):		

## CHURCH LIFE

Home church:	
Postal address of church:	
	Postal Code:
Senior Pastor / Lead Elder of Church:	
Contact number:	
How long have you attended this church?	
Have you received any previous Christian training?	
If yes, please specify:	

## SPIRITUAL LIFE

Describe your reason for wanting to join this Gap Year:
Indicate your expectation for this Gap Year:
1.
2.
3.
4.

## HOBBIES / ABILITIES

Can you play any musical instrument?	Yes / No
If yes, which musical instrument?	
If you have any hobbies or interests, please name them	
1.	2.
3.	4.

**HEALTH**

How do you rate your health?	Excellent / Good / Fair / Poor
Any medical issues – what are they?	1.
	2.
	3.
Do you have any physical limitations?	Yes / No
If yes, please explain:	
How do you rate your fitness level?	Very fit / Fairly fit / Not fit at all
Do you have any specific dietary requirements – please specify?	Yes / No
Are you taking any chronic medication – what specifically?	Yes / No
Doctor's name:	
Doctor's contact number:	
Medical Aid name:	
Medical Aid number:	

**OTHER**

How and from whom did you hear about the Impact Gap Year?	
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**PERSON RESPONSIBLE FOR PAYMENT**

Name and Surname:	
ID number:	
Relationship to applicant:	
Permanent physical address:	
Mobile number:	
Work number:	
Email address:	
Home physical address:	

**NEXT OF KIN**

First name and Surname:		
Relationship:		
Contact numbers:	Cell:	Work:
Email address:		

**INDEMNITY**

Parent / Guardian:		
The parent/guardian of the above-mentioned student, together with my/our heirs, trustees, executors or assigns, hereby indemnify Impact Mission Training NPC, its Leaders, Deacons, Elders, Volunteer workers and any staff associated with Impact Mission Training NPC, against any claim howsoever arising as a result of my/our child's involvement with attending/travelling to and from any activity required during the Gap Year's program.		
Signed:		
Date:		
I/We, understand that in the event of medical treatment being required for the above-mentioned student, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Leaders, Deacons, Elders present, to procure medical treatment, including anaesthesia, for my child's well-being.		
Signed:		
Date:		
By signing this form, I agree that all the information supplied, to the best of my knowledge, is true and correct.		

Application approvals are processed within 24 hours at which time we email you an invoice and the Gap Year Agreement. Your agreement must be signed and returned, together with your non-refundable deposit of R3000.00.

Thus, signed and agreed on this the \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year.

STUDENT SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_