



Emergency Services Chaplaincy

(Southern Africa)

Non-Profit Organisation Number : 006-333 NPO

P O Box 5330
WELTEVREDENPARK
1715

APPLICATION TO ATTEND TRAINING COURSE

COURSE DETAILS:

Name of Training Course: CRISIS MINISTRY (Including "God's Answer to Aids")
Course Number: 2008/Bloemfontein
Date of Course: Monday 24 November 2008 to
Friday 28 November 2008 18H00 – 22H00 each day
Cost of Course: R 600-00 (includes all course material, and meals / refreshments)
Venue of Course: AGS Church Universitas
Course Co-Ordinator: Chaplain Ericis Swanepoel

CLOSING DATE FOR ALL APPLICATIONS: 12 November 2008

COURSE REQUIREMENTS / REGULATIONS:

Full Payment of R 600.00

needs to be submitted with this application.

Either a cheque or postal orders made out to: **EMERGENCY SERVICES CHAPLAINCY (SA)**
can be posted with this application OR a direct deposit can be made into the following account:

EMERGENCY SERVICES CHAPLAINCY (SA)

NEDBANK FLORIDA, branch code 190-541

Account number: 1905-138-180.

PLEASE WRITE YOUR NAME ON THE DEPOSIT SLIP!!!

Please attach deposit slip (or photostat copy thereof) to this application form. **The entire course fee MUST have been paid on the first day of the course, or you will not be allowed to attend this course.**

Participants must attend all lectures in order to receive the certificate.

Certificates will not be released until the entire course fee has been received.

PLEASE NOTE:

The completion of this course does **NOT** allow any person to practice or act as an Emergency Services Chaplaincy Chaplain, or to make claims that such a person is an Emergency Services Chaplaincy Chaplain.

After completion of the course, the membership of the Emergency Services Chaplaincy (Southern Africa) will be explained. All prospective Chaplains are required to undergo a three (3) month probation period, before their membership of the ESC (SA) can be approved.

CRISIS MINISTRY COURSE APPLICATION FORM

DETAILS OF APPLICANT:

Title: Rev / Dr / Mr / Mrs / Miss or

Surname :

First Names :

Known as :

I.D. Number :

Date of Birth :

Postal Address :

.....

.....

Physical Address :

.....

.....

Tel : (Home) Tel : (Work)

Cell Number

Fax Number

E-Mail address :

Geographical Area of Ministry :

- Thus meaning, which town would you like to work in as a chaplain

Church Denomination :

- What church do you belong to ?

IMPORTANT!!!! SPECIAL DIETARY REQUIREMENTS FOR THE TRAINING COURSE:

..... (this will assist our catering for the course)

DECLARATION:

I, _____ (full name)
hereby declare that I have read and accept the course requirements and regulations.

Signature of applicant

_____/ 2008
Date

**PLEASE return completed application form, WITH FULL PAYMENT (or proof thereof) to:
Chaplain D. West or fax to: (051) 444 5593 BEFORE THE CLOSING DATE ON THE 12 NOV. 2008Email:
revdi@vodamail.co.za**