



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/Ekurhuleni 02	
Date of Course:	21 st June 2008	08H00 – 18H00
	28 th June 2008	08H30 – 18H00
	05 th July 2008	08H30 – 12H00
Cost of Course:	R 500-00 (includes all course material, and meals / refreshments)	
Venue of Course:	Leon Ferreira Fire Training Academy , Cnr. North Rand Rd and Trichardt St, Boksburg. (Entrance from North Rand Rd)	
Course Co-Ordinator:	Chaplain Gerry Atkins: 082 853-1687	

CLOSING DATE FOR ALL APPLICATIONS: 13th June 2008

COURSE REQUIREMENTS / REGULATIONS:

Full Payment of R 500.00

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 uniformed services Chaplain, or to make claims that such a person is an uniformed / emergency services 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 :

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Physical Address :

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.....

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?

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 Gerry Atkins: 082 853-1687 or fax to: 011 828-8231. BEFORE THE CLOSING DATE ON THE 13th June 2008