

Dear Prospective Student

Thank you for your interest in attending the FTLT – Mission Training School. This letter contains very important information – please study it and the following documents carefully:

- Application Form
- Pastors Recommendation Form
- Indemnity Form
- Additional Documents (Annexures) – International students only.

National Students – South Africa and all other countries on the Continent of Africa, incl. Madagascar.  
International Students – Any other country in the world not situated on the Continent of Africa.

**NB: International students should complete the additional forms!**

For National Students all fees are in South African Rand – “R”  
For International Students all fees are in US Dollars – “US\$”

### **APPLICATION FORM**

- Please read this letter and all the instruction carefully before completing the APPLICATION FORM.
- Fill out the APPLICATION FORM completely, using type writer or print in ink.
- Limit remarks to space provided, but answer all questions clearly and fully. Incomplete applications will be returned. Should any answer require more space, use proper references and record the additional information on extra sheets of paper.
- If a question does not apply to you, write ‘N.A’ “Not Applicable” in the space provided.
- The following must accompany your APPLICATION FORM:
  - A non-refundable application fee of R200 / US\$ 50-00 PER PERSON, PER APPLICATION.
  - 1 Current passport – size photographs (colour) close-up of head and shoulders only. Attach the photo to your APPLICATION FORM. Do not use a snapshot, unusual picture, photo with you and other people or a cut-away piece of another picture.
  - Indemnity Form.
- Your application can only be processed if you have followed ALL the above-mentioned instructions.

### **RECOMMENDATION FORM**

- Enclosed you will find a PASTORS RECOMMENDATION Form.
- Your application will not be processed until your PASTOR’S RECOMMENDATION FORM has been returned.
- Please note that submitting the APPLICATION and RECOMMENDATION FORM does not mean automatic acceptance into FTLT.
- Also note a personal interview with a member of the FTLT staff, or someone appointed by FTLT, might be required. Therefore, do not make plans to attend the SCHOOL, until you have received an official LETTER OF ACCEPTANCE.

## **SCHOOL CALENDAR**

The registration day will be **Friday, 31 JANUARY 2014**. After registration you will be able to settle into your accommodation while the rest of the weekend will be used for getting to know one another. Graduation will take place in November; a final date will be announced later. Students completing the program will receive a Certificate of Completion.

## **CLASSES**

The classes will run from Monday to Friday, with weekends for practical outreaches, as well as work duties (i.e. Housecleaning/gardening, etc.) Some classes may be on Saturdays.

## **SCHOOL FEES**

- **It is vital that you understand the importance of having your finances in order before you begin your studies at FTLT.**
- The school fees will be **R42 000 / US\$ 6000 per person, per annum.**
- On approval of application form you will be required to make a **R2 000 / US\$ 300 deposit to confirm attendance.**
- Unless other arrangements have been made in person with FTLT, the full balance needs to be paid prior to your arrival into the FTLT account. Please bring with you proof of payment. If so required, you may pay monthly, but it needs to be arranged and approved by the FTLT leadership prior to arrival.
- You, as a student, will be responsible for raising your own outreach fees. This will be done in different combined, compulsory fund-raising projects and personal contact with your supporters, friends and family.
- Once your application form has been approved, we can supply you with the necessary documentation to assist you in raising your finances needed.

## **ACCOMMODATION, LIVING EXPENSES AND PERSONAL NEEDS.**

- **Compulsory, communal accommodation is provided.**
- Living expenses – If you are the breadwinner of your family, please ensure that you follow the scriptural injunction to care for the natural and spiritual welfare of your own.
- Finances used for personal needs are for your own account. As hygiene is a high priority, please ensure you have sufficient toiletries and washing powder to maintain for at least the first month or two.
- Bedding is not provided! Please bring your own.
- Please ensure you bring notebooks and pens for your personal needs.

## **PRACTICAL & PHYSICAL ACTIVITIES**

FTLT aims to train missional leaders that are ready and equipped for an often harsh and challenging mission environment. Moderate to intense physical exercise forms an important part of the training. Bush phase and the cross border outreaches often requires students to travel across challenging terrain and through harsh environments and have calculated physical risks associated with them. (As do all travel activities.) Students are informed to be aware of these risks and challenges that await them. While you do not need to be super fit to attend FTLT a general fitness level is required. NB: Being unable to participate in all physical activities does not automatically exclude you from attending FTLT but FTLT leadership should be informed of potential physical limitations before application in order for us to make the necessary arrangements.

## **REGISTRATION DAY**

- As mentioned already, the Registration day is Friday 31 January 2013. Registration is defined as the student being physically present on that specific day.
- On the day you are required to report to the Admissions office, between the hours of 9h00 and 14h00, in order to:
  - Register as a student.

- Pay your school fees (As mentioned above).
- Collect your file.
- Be taken to your accommodation venue.
- Be available for queries if necessary.

**LIST OF DOCUMENTS TO BE SUBMITTED:**

- Application Form (Partly completed application forms will not be accepted.)
- Pastor's Recommendation Form
- Indemnity Form
- Copy of Passport
- Medical Certificate
- Additional Documents (International students only.)

Thank you once again for your enquiry regarding admission to FTLT – Mission Training School. We know that God will guide you in making the right decision.

Yours in Christ

FTLT Leadership

## APPLICATION FORM

**A. PERSONAL DATA**

**1. FULL NAMES**

Surname / Family Name: \_\_\_\_\_

First names: \_\_\_\_\_

What name are you known by? \_\_\_\_\_

Title: Mr  Mrs  Miss  Other  \_\_\_\_\_



**2. TELEPHONE NUMBERS**

Home: ( \_\_\_\_ ) \_\_\_\_\_

Work: ( \_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_ ) \_\_\_\_\_

Cell: \_\_\_\_\_

**3. ADDRESSES**

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**4. BIRTH PLACE:** City / Town: \_\_\_\_\_

GENDER:  Male  Female

DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**5. LANGUAGE ABILITIES:**

What is your home language? \_\_\_\_\_

**LANGUAGE FLUENCY**

Which other languages do you know and how well can you speak, read and write them?

E – excellent:

G – good:

F – fair:

P – poor:

LANGUAGE	SPEAK	READ	WRITE

**A. PERSONAL DATA (continues)**

**6. PASSPORT DETAILS**

Country of residence: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Passport number: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Do you have more than one passport? Yes  No  If so, which nationalities? \_\_\_\_\_

**7. DRIVERS LICENSE**

Do you have a driver's license? Yes  No

Do you have a vehicle that could be used, by you, during the year for transporting fellow students from point A to point B? Yes  No

Type of vehicle: \_\_\_\_\_ (make) \_\_\_\_\_ (model) \_\_\_\_\_ (year)

**B. MARITAL STATUS AND FAMILY INFORMATION**

**1. MARITAL STATUS:** Single  Engaged  Married  Widower   
Separated  Divorced  Remarried

**2. STUDIES:**

Will your spouse be attending FTLT? Yes  No

Is your spouse in agreement that you attend? Yes  No

If you are married, it is advisable for your spouse to also enroll for the school. **We regret that FTLT cannot accommodate a non-studying spouse, or any children.** If your spouse would like to enroll for the school, she/he needs to complete her/his **own application form.**

**C. SPIRITUAL DETAILS**

**1. WERE YOU RAISED IN A CHRISTIAN HOME?** Yes  No

**2. HAVE YOU BEEN BORN AGAIN ACCORDING TO JOHN 3:3-6?** Yes  No

If Yes, when and where were you born again? Place: \_\_\_\_\_

Date Day: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Briefly relate your conversion experience: \_\_\_\_\_

\_\_\_\_\_  
(Continue on a separate sheet, if not sufficient space).

**2. SPOUSE**

Is your spouse born again? Yes  No

**3. FUNDAMENTAL BELIEFS**

Do you believe that the Bible is God's inspired Word and the only infallible guide in matters of conduct and Doctrine? Yes  No

Do you believe in the Godhead (Trinity): that God is one but manifested in three persons – the Father, the Son and the Holy Spirit? Yes  No

Do you believe in the deity of Jesus Christ, that He is God made flesh and the only Mediator between God and man? Yes  No

**D. CHURCH BACKGROUND AND REFERENCE**

**1. IN WHICH CHURCH / DENOMINATION DO YOU CONSIDER YOURSELF TO HAVE BEEN RAISED?**

\_\_\_\_\_

**2. LOCAL CHURCH DETAILS**

Church Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel No: (Church Office): (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**3. PASTOR'S DETAILS**

Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**4. CHURCH ATTENDANCE**

How long have you attended your local church? \_\_\_\_\_ If less than a year, explain: \_\_\_\_\_

\_\_\_\_\_

**5. CHURCH INVOLVEMENT**

Are you currently involved in your church? Yes  No  If yes, explain:

\_\_\_\_\_

What church activities are you currently or were you formerly involved in?

ACTIVITY	PERIOD

What is your position in the church? \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

## H. MEDICAL INFORMATION

### 1. DOCTOR'S DETAIL

Doctor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

How long have you been going to him? \_\_\_\_\_

**(Please include a medical report from your doctor to state your health.)**

## I. FINANCIAL FACTS

### 1. INDICATE HOW YOU PLAN TO PAY YOUR SCHOOL FEES:

- R200 / US\$ 50 non refundable deposit with application form
  - R2000 / US\$ 300 confirmation fee
  - R40 000 / US\$ 5 700 balance paid prior to arrival
- or
- R5 000 / US\$ 700 on arrival and then R3 500 / US\$ 500 per month for 10 months thereafter, starting 1 February 2013.

### 2. HAVE YOU HAD ANY CIVIL / CRIMINAL PROCEEDINGS AGAINST YOU OR ARE THERE ANY CURRENT JUDGEMENTS AGAINST YOU?

Yes  No

### 3. FTLT BANK DETAILS

Focus Team Leadership Training Association  
Nedbank Business  
Branch code: 149745  
Account number: 1497187338  
Reference: Name & Surname, MTC (e.g. John Roets, MTS)  
Swift number: NEDSZAJJ

## K. DECLARATIONS

### 1. INVOLVEMENT WITH FTLT

Please explain, in your own words, why you think you should be accepted into FTLT, as a student:

---

---

---

---

---

---

---

---

---

---

---

---

### 2. APPLICANT'S DECLARATION:

“I have submitted all documents, as well as my photograph and NON REFUNDABLE FEE, necessary for this application. I hereby state that all the information contained in this application is correct and true. I will inform FTLT - Focus Team Leadership Training of any interim changes. If FTLT - Focus Team Leadership Training is notified that any of this information is false, my application could be rejected. I understand that no item, submitted to FTLT - Focus Team Leadership Training as part of the application process, will be returned.”

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





## PASTOR'S RECOMMENDATION

(CONFIDENTIAL QUESTIONNAIRE)

**PROSPECTIVE STUDENT:** \_\_\_\_\_  
Surname First Name

The above person has applied for enrolment as a student at the FTLT – Mission Training School. Serious consideration will be given to your comments on this recommendation form; therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should be returned directly to FTLT.

### A. DETAILS OF RECOMMENDING PASTOR

1. NAME OF RECOMMENDING PASTOR: \_\_\_\_\_  
Surname First Name

TITLE:  Mr  Ms  Mrs  Miss  Past  Rev  Dr Other: \_\_\_\_\_

2. NAME OF CHURCH: \_\_\_\_\_

3. ADDRESSES: CHURCH (Postal): \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

4. TELEPHONE NUMBERS Home: Area code (\_\_\_\_\_) \_\_\_\_\_ Work: Area code (\_\_\_\_\_) \_\_\_\_\_

5. YOUR POSITION IN THE CHURCH: \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

6. STATEMENT OF FAITH (We kindly request a copy of your church's Statement of Faith. Please indicate whether it has been attached.):  
 Yes  No

7. HAVE YOU HAD ANY EXPOSURE TO or been INVOLVED IN THE MINISTRY OF FTLT?  Yes  No  
If yes, explain how and when.

\_\_\_\_\_

## B. EVALUATION OF APPLICANT

1. RELATIONSHIP How long have you known applicant? \_\_\_\_\_

Describe relationship:  Close  Casual  Distant

Indicate your position in relationship:  Pastor  Personal Friend  Co-worker  Ministry friend  Family Friend

Other (Specify) \_\_\_\_\_

2. EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE (Tick ✓ G = Good, F= Fair, P = Poor, U = Unknown):

G F P U

Christian life and family

Moral attitudes

Honesty and integrity

Emotional stability

Spiritual influence on others

G F P U

Leadership qualities

Consideration for other s

Ability to work with others

Response to authority/instruction/discipline

Ability to minister

G F P U

Dependability

Financial responsibility

Diligence as a student/worker

Academic ability

Personal cleanliness

3. TO YOUR KNOWLEDGE, DOES APPLICANT:

Use tobacco? .....  Yes  No  Unknown Drink Alcohol? .....  Yes  No  Unknown

Use illegal/habit-forming drugs? .....  Yes  No  Unknown Gamble? .....  Yes  No  Unknown

Have a record of community disturbance?  Yes  No  Unknown Live an immoral life? .....  Yes  No  Unknown

4. FAMILY/SOCIAL LIFE:

▪ Describe applicant's marriage/.family life: \_\_\_\_\_

▪ Describe companions with whom applicant usually associates: \_\_\_\_\_

5. APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES:

Warmhearted/Enthusiastic

Tolerant/Passive

Critical/Contemptuous

6. MINISTRY: Is the applicant currently involved in active ministry?  Yes  No  Not Sure

Do you think the applicant has a definite call to missions?  Yes  No  Not Sure

Do you recommend the applicant be considered for FTLT enrolment?  Yes  No  Not Sure

8. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATION OF APPLICANT (Please use reverse side or extra sheets

of paper, if necessary): \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_ Date: \_\_\_\_\_



*ftlt*  
ocus Team Leadership Training

Association without Gain: NPO 52 – 781  
Registration number: 2006 / 023931 / 08  
PBO number: 930022898

www.ftlt.org, Postnet Suite 423, Private Bag X15, Menlopark, Pretoria, South Africa, 0102. +27 12 348 8694, info@ftlt.org

## INDEMNITY FORM

I, the undersigned .....  
(Full Names and ID Number)

hereby confirm that of my own free will, I am participating in the FTLT – Mission Training Program and subsequent outreaches into Africa. I also confirm that I am aware of the possible risks that may lie ahead. I hereby give full indemnity for any claims of whatsoever, that may result from the above-mentioned program / outreach, to the organizers thereof; FTLT – Focus Team Leadership Training Association, the FTLT Board of Directors, Participating Individuals and the Participating Churches, concerning my voluntary involvement in the program / outreach.

Signed on this ..... day of ..... 20 .....

.....  
**STUDENT**

.....  
**WITNESS 1**

.....  
**WITNESS 2**