

# Ellel Ministries

South Africa

**Application Form**  
**9 Week Flagship Programme**  
**Ellel Shere House Pretoria**  
**3 July – 31 August 2017**

<b>For Office Use only</b>
Application form sent:
Returned:
References received:
Reviewed: by
Accepted: by
Refused/Withdrawn:
Deposit received:
Confirmation sent:
Visa details:
Accommodation:
Full amounts received:
Sponsorship details:

**Please complete all relevant sections of this form. Please write clearly and legibly. Please PRINT all essential information and enclose a recent photograph.**

Title ..... Surname..... First Names.....

Permanent Address.....

..... Postal/Zip Code.....

Identification/Passport Number..... E-mail address.....

Temporary Address (if you are a visitor to South Africa at the present time).....

..... Postal/Zip Code.....

Mobile Number..... Skype address.....

Date of birth..... Gender..... Nationality..... Ethnic Origin.....

Languages spoken **and** understood (*English is essential*).....

Marital status (Please tick): Single..... Married..... Divorced..... Widowed..... Separated .....

Church affiliation.....

Name & Address of Minister/Pastor.....

.....Contact details of Pastor .....

How long have you worshipped at the above church? .....

If you are accepted on the Programme would you be coming with your minister's support and blessing? .....

If 'Yes', please ask your minister to sign the form in the appropriate place at the end of this form. If No, can you give the reasons why not?

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If you have only recently moved to the above church please state your reasons for moving.

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If you are married, but intend coming to the Programme alone, would you be coming with your husband/wife's total support? .....

If No, can you please explain the situation:

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How long have you been a committed Christian? .....

Please summarise below your Christian testimony, including the following points: Your conversion to Christ; Your Christian experience since then; your current responsibility in your Church.

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Outline serious occult activity which either you or your parents have been involved in, indicating whether or not you have received ministry into these areas. You may find it necessary to continue on a separate sheet.

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Have you been involved in the occult? E.g. witchcraft, spiritism, etc. Yes  No

My occult involvement was: Minor  In-between  Major

Please summarise any ministry received into your previous occult involvement

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Have you or your family been involved in a religion/belief system other than Christianity? Yes  No

If Yes, specify which you or your family have been involved in: .....

Please summarise below your career to date, your training and your work experience exposure:

Date	Role / Qualification/ Training	Organisation / School

**If you are a Minister or Pastor, please complete this section:**

Denomination..... Year ordained.....

Present and previous Churches.....

Please summarise your present experience of the healing and/or deliverance ministries:

Is your church generally open and willing to learn about healing and deliverance and supporting in your ministry in these areas?

If you are accepted on the Programme, would you be coming with the full support of your Church leadership (Council, Deaconate, Eldership etc.)? ..... If not please give reasons.

**Your Personal Health:**

Are you generally in good health? ..... If not, please indicate any problem area you have:

Unfortunately we do not cater for any special dietary requirements, set meals will be provided during the school. If you have any specific medical conditions, e.g. food allergies please elaborate. Please indicate which foods you are unable to eat and why.

Please give details of any physical disability you have and any special needs connected with it: .....

Do you have any physical/psychiatric conditions for which ongoing medical treatment is necessary? - Please give brief details.

Have you ever been medically treated for psychiatric / psychological / emotional problems? ..... If Yes, please give brief details, including mention of any periods of hospitalisation.

Please summarise below why you want to come on this training and explain how you believe it will benefit your life and ministry:

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Please add any further information about yourself that you feel would be helpful for us to know:

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Please tell us how you heard about the 9 Week Flagship Programme:.....

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**Personal References**

Names, Addresses and Telephone Numbers of two referees, who have known you for at least three years, and who will vouch for your suitability to attend this Programme (one of these should be your Pastor):

1..... .....	2..... .....
Email.....Tel.....	Email.....Tel.....
Capacity in which you know the person .....	Capacity in which you know the person .....

**Please arrange the references yourself and send them or have them sent to us. We will only consider your application when we get the two references!**

**APPLICATION PROCEDURE, TERMS AND CONDITIONS (PLEASE READ)**

**PRICES 2017**

Residential Option - R39 500

Non Residential Option for South African Citizens only - R21 700

**APPLICATION PROCEDURE FOR ALL APPLICANTS:**

1. After completing the application form, please email/fax copy of your passport (valid for a minimum of six months from the start date of the school) along with a recent photograph of yourself to [bookings@ellel.org.za](mailto:bookings@ellel.org.za) or fax +27 12 8091173
2. As soon as you have received the letter of acceptance from our bookings office, transfer into our bank account the deposit of R 4000. Send the proof of payment via email/fax to [bookings@ellel.org.za](mailto:bookings@ellel.org.za) or fax +27 12 8091173.
3. Your booking on the school will only be confirmed once we have received your payment of your R4000 deposit.
4. We request that payment for the Course, be made by direct bank transfer (made out to Ellel Ministries South Africa). Please state the following payment reference:

FS - YOUR COUNTRY – YOUR SURNAME

5. The balance of your course fees are payable a week prior to the start of the course.

**FOR APPLICANTS OUTSIDE SOUTH AFRICA:**

1. We will only be able to provide you with a visa invitation once your deposit of ZAR 4000 reflects in our bank account. Please apply for your visitor's visa well in advance, at the latest one month before the start of the school.
2. When doing your international bank transfer please ensure that the payment is made in ZAR.
3. Please include the additional South African bank charge, which could range between R300 and R400 per transaction. Select the option on the bank application transfer form that states: Include bank charges. If the charges are not included the amount will be added to your Flagship school course fees.
4. The balance of your course fees are payable a week prior to the start of the course.

**BANKING DETAILS:**

Ellel Ministries South Africa, Standard Bank Ltd, Branch: Castle Walk Pretoria, Account no 01 220 9511, Account Type: Cheque, Branch Code: 01-46-45-00, SWIFT Code: SB ZA ZA JJ

Standard Bank's Physical Address: Castle Walk Branch, Corner Nossob & Swakop Streets, Erasmuskloof, Pretoria, 0048, Gauteng, RSA

**ELLEL SOUTH AFRICA PHYSICAL AND POSTAL ADDRESS:**

Ellel Ministries South Africa, Plot 32 / 1, James Ave, Shere Agricultural Holdings, Pretoria East, 0081

PO Box 39569, Faerie Glen, Pretoria, 0043

**REFUND POLICY:**

I understand that the deposit of ZAR 4000 minus any bank/transfer fees is only refundable if my visa is not approved. Proof of the refusal letter from the South Africa authorities is required for a refund. I further understand that the course and accommodation fees are only refundable upon receipt of a written cancellation by email 7 days prior to the start of the Flagship school. We are governed by the rules of the South African Reserve Bank which stipulates that a refund can only be made payable to the account from where the money was made.

I have read and accept the terms and conditions of the application procedure

Applicants Signature..... Date.....

Please scan and send this form to: [bookings@ellel.org.za](mailto:bookings@ellel.org.za)