

Ellel Ministries Kzn South Africa

12-DAY PROGRAMME

Application Form for Healing & Deliverance Ministry Programme

Thank you for your enquiry for the Course of Healing and Deliverance Ministry. The number of places we have available in the course is limited and we are naturally concerned to ensure that as far as is possible the places are taken by those who will most benefit from the teaching and experience. This does not mean that we have pre-set ideas as to the sort of person who will be accepted on the Course, as our primary consideration will be "What is the Lord saying about a particular application?" But in order for us to pray about each application we do need a certain amount of information - hence this form. In considering the following questions, therefore, please answer them honestly and prayerfully.

Please note: This is primarily an equipping course for those who want to be trained in Christian Prayer Ministry. There will be a limited amount of ministry available. *Married couples, please would you each complete a separate form.* Please photocopy this form if you do not already have another copy.

Please complete all relevant sections of this form. It would be appreciated if you could write clearly. Please PRINT with block letters all essential information & enclose a recent photograph.

Title Mr/Mrs/Miss/Rev/Dr/Pastor..... Preferred Name.....

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Surname.....

Residential address:..... Postal/Zip
code.....

P.O. Box number (if applicable) Postal/Zip
code.....

Province Country.....

E-mail address

.....

Day-Time Tel No: Fax No:

ID No: Nationality:

Date of birth Age: Gender:

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

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

Do you need shared accommodation? (available upon request at an additional cost)

Do you need single accommodation? (*available on request at an additional cost*)

Date of arrival at Vuleka Trust Botha's Hill?

Date of Departure from Vuleka Trust Botha's Hill?

Please give brief details on your family background:

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.

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:

Please list here any other training courses, healing retreats, or special conferences you have attended of relevance to the subject matter of the Course:

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

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

Present and previous Churches.....

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

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Names, addresses, email address and telephone numbers of two referees, who have known you for at least three years (not a spouse or family member) and who will vouch for your suitability to attend this course: One referee should be your Pastor.

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Email:..... 'Email:.....

Banking Details:
Ellel Ministries SA, Standard Bank, Castle Walk, Branch Code: 01-46-45-00, Acc No: 06 250 2786 Acc Type: Cheque

I enclose a R_ R800-00_ deposit towards the Course Fees _____ (Accommodation extra) or find attached proof of payment
(Internet transfer or direct deposit)
Accommodation is paid separately as we do not own the property where the programme is held. If accommodation needed please confirm as the cost is separate. (single or shared)
I understand that this money is refundable only if I am not accepted on the Programme.

Signature..... Date.....

Minister's Signature of Approval..... Date.....

Please send this form to: Ellel Ministries KZN PO Box 12, Winklespruit, Kwa Zulu Natal, 4145 South Africa
+27 31 9162134 Email address bookingskzn@ellel.org.za