

**Foundation
for
Cross-cultural
Education
FCE**



**Application Form
2012/2013**

1. PROCEDURE FOR APPLICATION:

- 1.1 Thank you for applying to FCE Training College. In order for us to process your application we need all the information requested. If a question does not apply to you, please write N/A in the space provided.
- 1.2 Application fee: A non-refundable fee (ZAR100/ZMK10 000) is to be forwarded with the application. Your application cannot be processed without it.
- 1.3 Photographs: Please submit three passport photographs with your application.
- 1.4 Please Note: All training is full-time. It will not be possible for participants to pursue other courses of study or part-time study whilst at FCE.
- 1.5 Closing Dates: All applicants are encouraged to apply early, as we only take in a limited number of participants per group.
- 1.6 Send forms to: (South Africa)

P.O. Box 126
Wolseley
6830
Tel: +27 (0)23 2310 208
Fax: +27 (0)86 535 0731
info@fce.org.za
www.fce.org.za

N. B. English is the medium of correspondence and tuition.

When are you planning to do the training?

Give reasons for applying for this training:

Who informed you about FCE or where did you hear about the training?

What are your expectations of the training for which you applied?

2. TRAINING APPLIED FOR:

2.1 Mark with an x where applicable:

a. Discipleship-Mission Training (Condensed)

Duration: 6 weeks
Venue: Wolseley, South Africa
Intake: Mid-October
Cost: ZAR 5000 (includes board & lodging and tuition;
excludes transport and visas)
Admission requirements: Mature believers in Christ
80/20 Rule: 80% Theory and 20% Practical

b. Discipleship-Mission Training (Foundation)

Duration: 3 months
Venue: Wolseley, South Africa / Zambia / Malawi
Intake: Mid-January or
Mid-July
Cost: (includes board & lodging and tuition;
excludes transport and visas)
South Africa: ZAR8000
Zambia: ZMK330 000 p.m.
60/40 Rule: 60% Theory and 40% Practical

c. Discipleship-Mission Training (Advanced)

Duration: 9 months
Venue: 1st Phase: Wolseley, South Africa / Zambia / Malawi
2nd Phase: Zambia / Malawi
Intake: Mid-January or
Mid-July
Cost: (includes board & lodging and tuition;
excludes transport and visas)
South Africa: ZAR18 000
Zambia: ZMK330 000 p.m.
There will be extra travelling costs during the
2nd phase of the training.

Admission Requirements:

❖ Fluent in English

50/50 Rule: 50% Theory and 50% Practical

d. Certificate in Community Development



Duration: 2 years
Venue: Masaiti, Zambia
Intake: Mid-January
Cost: ZMK 4 million p.a. (already includes a 50% sponsorship) for students from any other African countries.
ZAR19 000 p.a. for South African and overseas students

Admission Requirements:

- ❖ Full Grade 12 or equivalent (English compulsory)
- ❖ Discipleship-Mission Training (Advanced)
- ❖ Entrance Test (English)
- ❖ Selection interview

50/50 Rule: 50% Theory and 50% Practical

e. Diploma in Basic Education



Duration: 3 years
Venue: Masaiti, Zambia
Intake: Mid-January
Cost: ZMK 4 million per year (already includes a 50% sponsorship) for students from any other African countries.
ZAR 19 000 p.a. for South African and overseas students

Admission Requirements:

- ❖ Full Grade 12 or equivalent (English & Mathematics compulsory)
- ❖ Discipleship-Mission Training (Advanced)
- ❖ Entrance Tests (English & Mathematics)
- ❖ Selection interview

80/20 Rule: 80% Theory and 20% Practical

f. Volunteers



Duration: 3 months (no permit needed)
4 – 12 months (permit needed)
Venue: All FCE Training Centres
Intake: Anytime except December
Cost: Contribution towards board & lodging (excludes travel and visas):
ZAR 600 p.m. for South African students
€60 p.m. for overseas students
ZMK 140 000 p.m. for students from other African countries
Requirements: Follower of Jesus Christ
Willing to serve
Age: 18 -80 years
Interviews (personal or telephonic)
Able to communicate in English

Volunteers doing more than 4 months have to complete the Discipleship-Mission Training (Foundation).

3. PERSONAL DETAILS

Title: _____ Surname: _____

Full Names: _____

Preferred Name: _____

Postal Address: _____ Residential Address: _____

Code: _____ Code: _____

Tel. (H): (_____) _____ Tel. (W): (_____) _____

Fax: (_____) _____ Email: _____

Cell: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____

ID Number: _____

Marital Status: Single Engaged Married Separated
Divorced Remarried Widowed

4. PASSPORT AND VISA INFORMATION

Country of Residence: _____

Passport Number: _____ Date Issued: _____

(For non-residents only)

Valid until: _____

City and Country where issued: _____

NB Passports must be valid until 6 months after the completion of your training.
Passports must have at least 2 open pages.

5. INFORMATION ON SPOUSE AND DEPENDANTS

Spouse's Name: _____

Date of Birth: _____ Age: _____

Birthplace: _____

Is your spouse accompanying you? Yes No

DEPENDANTS

Surname	Full Names	Date of Birth	Sex	Will they accompany you? Yes/No

NB If your spouse and/or dependants are accompanying you, please give all the details concerning their passports and visas on a separate page and attach it to your application. (Only for non-residents)

6. LANGUAGES

Home Language: _____

Other Languages (Read/Understand/Speak/Write. Also indicate level of proficiency:

Indicate your level of proficiency in English: _____

7. EMERGENCY AND MEDICAL INFORMATION

Length: _____ Weight: _____ Blood Type: _____

❖ Are you allergic to any medication, food or anything else? Yes No

If yes, please specify: _____

❖ How would you rate your health condition?

Excellent Good Fair Poor

❖ Do you have any physical disabilities or health conditions that require special attention?

Yes No

If yes, please specify: _____

❖ Are you presently taking any medication under doctor's orders or on any special diet for medical reasons? Yes No

If yes, please specify: _____

❖ Are you presently under doctor's care for any condition? Yes No

If yes, please specify: _____

In case of emergency, contact:

Name: _____

Relationship: _____

Address: _____

Tel. (H): (_____)

Tel. (W): (_____)

Fax: (_____)

Email: _____

Code: _____

Cell: _____

CONSENT FOR TREATMENT:

In the case of an emergency, I/we hereby agree to the performance of such treatment, including anaesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If applicant is under 21)

8. HOME CHURCH/SENDING CHURCH

Name of Church: _____

Denomination: _____

Pastor/Minister's Name: _____

Address: _____ Tel: (_____) _____

_____ Fax: (_____) _____

_____ Email: _____

_____ Cell: _____

Code: _____

Number of years' membership: _____

Describe your involvement in the church: _____

❖ Does your Pastor / Minister approve of you being trained by FCE? Yes No

If no, please state the reasons: _____

❖ Will your church be willing to support you financially when in training? Yes No

If no, please state the reasons: _____

❖ Will your church be willing to send you out as their missionary? Yes No

If no, please state the reasons: _____

9. EDUCATION INFORMATION**9.1 School Training**

Highest school standard /grade passed: _____

Name of School: _____

Address: _____

Tel: (_____) _____

Fax: (_____) _____

Email: _____

Cell: _____

Code: _____

Period of attending above-mentioned school:

From (date): _____ To (date): _____

9.2 Post-Secondary Training

Names of certificates, diplomas and degrees obtained: _____

9.3 Other Qualifications

Names and particulars of any other qualifications obtained: _____

NB All applicants must attach certified copies of school leaving certificates with subjects and symbols obtained, or a statement from the principal with the same information, as well as certified copies of all post-secondary certificates, diplomas and degrees obtained. If applying for diploma or certificate training, have original documents on hand.

10. WORK EXPERIENCE

Name of Work Place	From	To	Nature of Work

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Please list your abilities, skills and talents: _____

11. FINANCIAL POLICY AND AGREEMENT

11.1 Policy

FCE is an international, non-profit, faith ministry. We are not financially supported by any group, organisation, church or denomination. None of the full-time staff receives any salary. Our running costs are largely met by students' fees and by contributions from individuals who have a calling from God to support us financially and in other ways. It is also the policy of FCE not to make our needs known outside the organisation or to ask for any financial assistance from any persons, group, church or organisation.

11.2 Financial Information

Do you have any outstanding debt? Yes No

If Yes: How much is it in total? _____

How and by when will it be paid? _____

Do you have sufficient financial resources to pay for your training? Yes No

If Yes: Who will be responsible for supplying your finances or how will it be supplied?

If No: How do you intend raising the necessary funds? _____

11.3 Payment Plans

Indicate one of the payment plans

❖ Pay 100% on day of registration

❖ Pay monthly (at the beginning of the month) or in advance

NB No late payments are allowed and students will not be allowed to build up any debts or to continue with their studies if they are unable to settle their accounts.

11.4 Refunds

All students will be responsible for fees up to the end of the month in which they discontinue their studies.

11.5 Financial agreement

I have read and understand the Financial Policy and Payment Plans of FCE. I understand that the payment of the fees must be on time according to the Payment Plan I

4. How does your family feel about you possibly training in FCE and the possibility of you being sent out as a missionary in a cross-cultural situation?

5. Please describe your hobbies and interests.

Please supply the names and contact details of three referees.

1. _____
2. _____
3. _____

13. INDEMNITY

I hereby agree that I will not hold FCE, its staff, associate workers or volunteer assistants responsible for any illness, injury, damage or loss incurred by me during the course of my training.

Signature of Applicant

Date: _____

Signature of Parent / Guardian (if applicant is under 21)

Date: _____

14. AGREEMENT

I hereby agree that I have read and understood all the information contained in this application form, have filled it in truthfully, and undertake to fulfil all commitments made.

Signature of Applicant

Date: _____

Signature of Parent / Guardian (if applicant is under 21)

Date: _____