



AFRICAN CHRISTIAN COLLEGE

(Formerly Manzini Bible School)

P. O. Box 331, Manzini M200, Swaziland
Tel: (268) 2550-6080 | Tel/Fax: (268) 2550-6119
apply@africanchristiancollege.org

I. PERSONAL INFORMATION

Surname _____ First Name _____

Date of Birth _____ Nationality _____ Sex: Male Female

Personal Identification number _____

Residential address _____

Postal address _____

Email address _____

Telephone numbers: Code _____ Number _____ Home
Code _____ Number _____ Cell
Code _____ Number _____ Work

Date of baptism _____ Name of person who baptized you: _____

Marital Status: Single ___ Married ___ Widow ___ Widower ___ Divorced ___ Single Parent ___

If married, state the name of your wife _____
(African Christian College requires every married student to come with his wife.)

Date of marriage _____ Date of Wife's baptism _____
Date of wife's birth _____

Particulars of Children/Dependents:

Name	Age	Grade	Relationship to applicant (i.e. child, adopted, previous marriage)	M__F__
<input type="checkbox"/> _____	_____	_____	_____	M__F__
<input type="checkbox"/> _____	_____	_____	_____	M__F__
<input type="checkbox"/> _____	_____	_____	_____	M__F__
<input type="checkbox"/> _____	_____	_____	_____	M__F__

✓ Please tic the names of the children who will accompany you to Swaziland if accepted.

Failure to provide full and true information may result in disqualification or dismissal.

Please Note: Children born in Swaziland of foreign parents create high expenses and time-consuming efforts in obtaining legal documents for passports. All expenses and responsibilities are the parents.

II. HEALTH INFORMATION

NOTE: Explanation details regarding the questions below should be written in the space provided on the next page.

Circle if you suffer from the following illnesses

Allergies Diabetes High Blood Pressure Asthma Depression

Are you presently receiving medical attention? Yes No

Do you have any permanent physical impairment or handicap? Yes No

Are you on any medication: Yes No

If yes, state the name of the medicine and why you are taking it: _____

Please list other illnesses that you might have: _____

If Married, answer the following questions concerning your spouse

Circle if your spouse suffers from the following illnesses

Allergies Diabetes High Blood Pressure Asthmas Depression

Is your spouse presently receiving medical attention? Yes No

Does your spouse have any permanent physical impairment or handicap? Yes No

Is your Spouse on any medication: Yes No

If yes, state the name of the medicine and why she is taking it: _____

Please list other illnesses that your spouse might have: _____

Are your children/dependents in good health? _____ Yes _____ No

Do you understand that the College does not have a medical aid plan and that you will have to provide your own medical aid or use the government hospitals? _____ Yes _____ No

Please provide a phone number in case of an emergency: _____

Contact person: _____

III. EMPLOYMENT RECORD

Give the name, address, phone number of your employer(s) during the last ten years. Also state your job description and the dates you were employed.

IV. EDUCATION QUALIFICATIONS

List Educational qualifications _____

Highest Level of Education achieved _____

Other training and achievements/apprenticeships _____

Please note: Certified Copies of all educational documents must accompany this form in order for your application to be processed.

V.

AFFIDAVIT

I _____ honestly declare that the above information is true. I realize that falsification of information could result in my dismissal from African Christian College.

I furthermore realize that while at African Christian College I will be expected to follow all rules and regulations and pay all debts incurred.

Date: _____ Signature _____

Date: _____ Witness: _____

Full name and address of witness: _____

PLEASE USE THE REMAINDER OF THIS PAGE TO GIVE DETAILS, IF NECESSARY, OF MEDICAL SITUATIONS, OR ANY OTHER ITEMS THAT NEED FURTHER EXPLANATION. THIS SPACE MAY ALSO BE USED FOR COMMENTS.

