



AFRICAN CHRISTIAN COLLEGE

P. O. Box 331

Manzini M200

Swaziland

Tel: (268) 25506080

Tel/ Fax (268) 25506119

Email: acc@realnet.co.sz

Dear Potential Applicant,

We appreciate your interest in African Christian College. Attached you will find an application form and other necessary papers for applying to our college.

Your application to study at ACC will not be complete nor considered until we have the following documentation. So please make sure you send in these forms promptly with your application so that it can be processed.

- a. Completed application form
- b. Letter of recommendation from your preacher
- c. Letter of recommendation from a church elder or church leader
- d. Certified Copies of all educational qualifications
- e. Certified Copy of Marriage certificate (if married)
- f. Certified Copy of your identification document
- g. Certified Copy of your passport (once you have one)

If you have other documents you think we ought to consider, please send those also.

Please note that all students must have a good command of English or they will not be able to keep up with the rigorous study at ACC. Since we have more applicants than we have room to accommodate, we cannot guarantee that we will be able to accept you. You will help us in our decision-making process by replying promptly with all the necessary papers.

Should you need additional information, please contact us using the details above. We are looking forward to hearing from you.

Yours in Christ,

Wendy Platt
Registrar



AFRICAN CHRISTIAN COLLEGE

(Formerly Manzini Bible School)

P. O. Box 331

Manzini M200, Swaziland

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"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____

✓ 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.

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CONFIDENTIAL PREACHER'S REFERENCE FORM

Fill in your name and give this form to the preacher of your congregation. The completed form **must be mailed by the preacher directly to us** at the above address.

RECOMMENDATION

_____ has applied to be a student at African Christian College. It would be helpful if you would give us your frank and honest appraisal of this student. This information is kept confidential.

Name of Congregation: _____

I have known the prospective student for _____ years. During this time I have known him/her:
 well _____ fairly well _____ only slightly _____

CHURCH INVOLVEMENT: Please list this applicant's current involvement in church activities.

PERSONAL QUALITIES

Characteristically, I believe him/her to be:

	Yes	No	Not Sure
A. Easy to get on with	_____	_____	_____
B. Optimistic	_____	_____	_____
C. Reliable	_____	_____	_____
D. Of Average temperament	_____	_____	_____
E. Congenial/Nice	_____	_____	_____

Ethically, I believe him/her to be:

A. Sincere	_____	_____	_____
B. Honest	_____	_____	_____
C. Financially responsible	_____	_____	_____

Intellectually, I believe him/her to be:(circle the appropriate one) Brilliant Average Below Average

GENERAL INFORMATION CONCERNING THE APPLICANT

	Yes	No	Not Sure
Physically, I believe him/her to be in Good Health	_____	_____	_____
Physically, I believe his spouse to be in Good Health	_____	_____	_____
His/Her Children I believe are:			
A. In Good Health	_____	_____	_____
B. Well Behaved	_____	_____	_____
C. Emotionally well-balanced	_____	_____	_____
D. Obedient	_____	_____	_____

He/She is: Single _____ Married _____ Divorced _____ Engaged _____ Widowed _____

His/Her desire for Christian Service is: Long-Standing _____ New _____ Surprising _____

His Spouse (if applicable) will be helpful to him as a Christian Servant Yes _____ No _____

Signed this _____ day of _____, _____ (Year)

Name, Address, Phone Number, Email Address

Signature _____

(Please add comments on back of page)

(Please Include Church Stamp)

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CONFIDENTIAL CHURCH CONGREGATION REFERENCE FORM

Fill in your name and give this form to a leader of your congregation. The completed form **must be mailed by the congregation directly to us** at the above address.

RECOMMENDATION

_____ has applied to be a student at African Christian College. It would be helpful if you would give us your frank and honest appraisal of this applicant. This information is kept confidential.

Name and address of Congregation : _____

CHURCH INVOLVEMENT: Please list this applicant's current involvement in church activities.

At a Business Meeting of this Eldership/Congregation (please underline which is applicable) on the _____ day of _____, _____ (year), we discussed and agreed to respond to information regarding the above church member who has applied at your College.

✓ **Please tick the correct statements below that reflect your opinion.**

- _____ He/She has been a faithful member of this congregation for _____ months/years.
_____ He/She has NOT been a faithful member of this congregation.
_____ We have no hesitation recommending this applicant for your college.
_____ We hesitate recommending this applicant for your college.
_____ We have reservations regarding recommending this applicant for your college.

Please briefly state your reservations of this applicant

As a congregation, we will be able to assist ACC with a monthly amount of R_____ for the 2 to 3 years of training.

Name and Signatures:

_____ Chairman or Elder _____ Phone

_____ Secretary or Elder _____ Phone

_____ Leader or Elder _____ Phone