PRECEPT INSTITUTE – SOUTH AFRICA

Please complete the following information:

SURNAME: TITLE: Pst/Mr/Mrs:

FIRST NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

NATIONALITY:

PLEASE LIST ALL LANGUAGES WHICH YOU SPEAK AND READ:

HIGHEST EDUCATION QUALIFICATION:

CHURCH/PARISH (Denomination):

PASTOR'S / SUPERVISOR'S NAME:

INVOLVEMENT IN THE CHURCH:

NAME OF PERSON WHO ENCOURAGED YOU TO ATTEND THE INSTITUTE:

I give my full commitment to the Precept Institute: _____
Signature

LETTER OF RECOMMENDATION FROM YOUR PASTOR, ELDER OR LEADER **MUST** ACCOMPANY THIS APPLICATION FORM. PLEASE SEND THE LETTER TO rosalindp@precept.org.za