



National School Chaplaincy Programme

Application Form

PLEASE PRINT CLEARLY THROUGHOUT THIS FORM AND BE SURE TO ANSWER ALL QUESTIONS, ONCE COMPLETED RETURN TO THE NATIONAL SCHOOL CHAPLAINCY PROGRAMME OFFICE. THIS FORM IS TO BE FILLED OUT BY THE INDIVIDUAL WHO WILL BE PARTICIPATING IN THE NATIONAL SCHOOL CHAPLAINCY PROGRAMME.

Name: _____ Surname: _____

Date of Birth: _____ ID Number: _____ Gender: _____

Postal Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Occupation: _____

School or Organization: _____
(You are Involved in)

Grade You Teach: _____ Subject(s) You Teach: _____

Do You Have Access to a Computer? _____ Do You Have Access to the Internet? _____

Preferred Form of Contact: _____

Preferred Format to Receive Modules: _____

Have You Ever Been Convicted of a Crime? _____ YES _____ NO

Have You Ever Been Convicted of a Sexual Crime? _____ YES _____ NO

Have You Ever Been Diagnosed with a Mental Illness? _____ YES _____ NO

If You Answered Yes to Any of the Above Questions Please Explain: _____

Phone: +27(0)15 491 1175 **Email:** chaplains@rag.org.za **Web:** www.rag.org.za
Postnet Suite 30, Private Bag x2449, Mokopane, South Arica, 0600

The National School Chaplaincy Programme is a product and initiative of **Reaching a Generation**.

Have You Committed Your Life To The Lord Jesus Christ? _____ YES _____ NO

What Do You Believe About Jesus Christ? _____

Please Write Why You Think Being Part of The National School Chaplaincy Programme Will Be An
asset To Both You And the Children Around You? _____

By signing my name, I hereby warrant that all of the above information is true and correct to the best of my knowledge. I acknowledge that there is a fee of R200 for each module and that I am responsible to pay this fee in a timely fashion, as well as any additional fees I agree to.

Printed Name

Signature

Date

Each Module or Phase in the National School Chaplaincy Programme is R200.

To Complete your application and start in the program, please transfer your fee of R200 upon the completion of this application.

Please Include your Full Name (Name & Surname) followed by Chaplain as a reference.

Banking Details

Bank:

FNB

Account Name:

National School Chaplaincy Programme

Account Number:

62320599246

Branch Code:

260248