

Application Form

DaySpring School of the Supernatural 2008

Thankyou for expressing interest in the DaySpring School of the Supernatural! We look forward to reviewing your application, and hope that you will not hesitate to contact us if you need help throughout the application procedure. Our office is contactable in regular office hours, Monday to Friday, 9am until 5pm. The office number is (02) 9894 8844 (international +61 2 9894 8844).

Deadline for Application

We accept applications all year round, but applications must be received on or before Friday January 18th 2008 if you wish to start the next school.

Requirements for Application

You are required to:

1. Fill out this application form in its entirety.
2. Have your senior pastor, or other minister, send in a minister's reference.
3. Have a friend or other significant person in your life (not a family member) send in a personal reference.
4. Attach two different recent photos of your self to this application (these will not be returned).
5. Include a \$100 application fee (made out to "DaySpring Christian Fellowship").
6. Attach your Life Journey Testimony.

Testimony

You are required to include a Life Journey Testimony, and should be no longer than 500 words. It should the major points in your life, including your Christian experience and your walk with God, from acceptance of Jesus through to your current journey with God.

Please attach this testimony to your application.

Interviews

Once an application is received and processed, an interview will be scheduled for each applicant at a time convenient for them.

International Students

Students from overseas are required to display a proficient grasp of the English language and need to be able to read, write and listen in English at an academic standard.

Application Form

Personal Information

Full Name _____

Gender _____ Marital Status _____

Date of Birth _____ Country of Citizenship _____

Permanent Address _____

number and street

suburb/city

state/country

postcode/zip

Home Phone _____ Work Phone _____

Mobile _____ Fax Number _____

Email Address _____

Emergency Contact _____ Contact Number _____

Relationship to you _____

Address _____

Spiritual Information

When did you accept Jesus Christ as a personal and living Saviour?

Do you regularly attend a church? YES NO

Name of Church _____

Name of Senior Pastor/s _____

How long did you attend? _____

If less than a year, where were you previously involved?

Have you been baptised in water? YES NO

Have you been baptised in the Holy Spirit? YES NO

Application Form

Have you been involved in any Christian ministries or missions? YES NO

If yes, please explain:

Education

High School attended: _____

Did you complete High School? YES NO

When did you graduate? _____

Have you started or finished any tertiary study? YES NO

Course / Institution	Completed	Date Started	Date Finished
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
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Financial Information

How do you plan to pay for your tuition fees?

Is there any reason why you may not have the required fees by the due dates?

Application Form

Do you have any outstanding debts? If yes, please list the total amount:

Will this affect your ability to make your tuition fee payments? YES NO

Health Information

Do you have any physical/emotional limitations that may affect your involvement in any given activity/ministry? YES NO

If yes, please explain: _____

Do you require medication or regular medical attention? YES NO

If yes, please provide details: _____

Personal Spiritual Information

What do you hope to gain from doing this course?

How did you hear about the school? Pastoral recommendation Brochure

Website Staff member Other _____

What do you feel called to do with your life? Please provide some detail:

Application Form

Why did you choose this School? _____

Are you prepared to be wholly committed for 10 months? YES NO

Do you know of anything that might affect or impede this commitment?

YES NO

If yes, please provide details (i.e., work, family, health, etc.):

References

Please provide details for three referees (not related to you) who know you well:

Name _____ Relationship to you _____

Phone _____ Email _____

Name _____ Relationship to you _____

Phone _____ Email _____

Name _____ Relationship to you _____

Phone _____ Email _____

Application Form

Background Information

Do you smoke, or have you smoked? YES NO If yes, please give details:

Do you drink, or have you drunk, alcohol? YES NO If yes, please give details:

Do you use, or have you used, illegal drugs? YES NO If yes, please give details:

Do you have a police record? YES NO If yes, please give details:

Other Information

How does your family feel about you undertaking this school?

Positive Negative Indifferent

What effect do you think your family's attitude will have on your time at the School?

Application Form

Briefly describe your home environment and home relationships:

What areas of church life do you feel passionate about or would like to get involved in?

- Children's Ministry Youth Ministry Worship Ministry Hospitality
- Administration Preaching Pastoral Care Other Other _____

What leisure activities do you enjoy doing?

- Sports (type) _____ Fitness/Physical Activities
- Musical Instruments (type) _____ Singing TV/Movies Listening to Music
- Dance Creative Writing Travel Technology/Computers
- Woodwork/Carpentry Visual or Graphic Art Spending time by yourself
- Spending time with friends Reading Camping Other _____

Application Form

Return completed Application Form and both completed References to:

DaySpring School of the Supernatural
PO Box 6187
Baulkham Hills BC
NSW 2153
AUSTRALIA

Or alternatively, forms may be handed in directly to the DaySpring Office,
located at:

DaySpring Church
1/10 Salisbury Road
Castle Hill NSW 2154

Completed Application Form and References must be received by:

Friday January 18th 2008

Reference Form

Personal Reference

*This is to be filled out by a **friend or acquaintance** that knows the applicant well enough to answer the questions below in an informed manner. This person cannot be related to the applicant in question.*

Applicant's Information

Full Name _____

Referee's Information

Full Name _____

Date _____ Contact Number _____

Address _____

Name and Address of Church _____

Your relationship to the applicant: _____

How long have you known the applicant? _____

How well do you know the applicant?

Very well Well Casually Not well

Do you feel the applicant would succeed at a school of this type?

Yes No

How would you describe the applicant's Christian experience?

Mature Growing Newly-committed Immature

Please answer these next questions with –

(1) below average (2) average (3) advanced (4) unknown

The applicant's commitment towards their church? 1 2 3 4

The applicant's proficiency at developing healthy friendships 1 2 3 4

The applicant's mental ability 1 2 3 4

The applicant's willingness to learn 1 2 3 4

The applicant's maintenance of a positive attitude 1 2 3 4

The applicant's physical health 1 2 3 4

The applicant's response to authority 1 2 3 4

Reference Form

The applicant's financial responsibility	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The applicant's emotional stability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The applicant's willingness to serve	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The applicant's ability to work as part of a team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The applicant's level of tidiness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The applicant's punctuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

What do you consider to be the applicant's strengths?

What do you consider to be the applicant's weaknesses?

Please provide any other relevant comments pertaining to the applicant's suitability for the School.

Thank you for your time! This completed reference is to be either handed back to the applicant for inclusion with the application form, or alternatively mailed directly to:

DaySpring School of the Supernatural
PO Box 6187
Baulkham Hills BC NSW 2153

Reference Form

Pastoral Reference

*This is to be filled out by a **Pastor or Minister** that knows the applicant well enough to answer the questions below in an informed manner. This person cannot be related to the applicant in question.*

Applicant's Information

Full Name _____

Referee's Information

Full Name _____

Date _____ Contact Number _____

Address _____

Name and Address of Church _____

Position at the Church: _____

How long have you known the applicant? _____

How well do you know the applicant?

Very well Well Casually Not well

Do you feel the applicant would succeed at a school of this type?

Yes No

How would you describe the applicant's Christian experience?

Mature Growing Newly-committed Immature

Please answer these next questions with –

(1) below average (2) average (3) advanced (4) unknown

The applicant's commitment towards their church? 1 2 3 4

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The applicant's willingness to learn 1 2 3 4

The applicant's maintenance of a positive attitude 1 2 3 4

Reference Form

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| The applicant's physical health | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's response to authority | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's financial responsibility | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's emotional stability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's willingness to serve | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's ability to work as part of a team | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's level of tidiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| The applicant's punctuality | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| What do you consider to be the applicant's strengths? | | | | |

What do you consider to be the applicant's weaknesses?

Please provide any other relevant comments pertaining to the applicant's suitability for the School.

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