

Koinonia Discipleship Training Academy

Application Form

2025



Please write in clear block letters only.

For your application to be processed, all questions must be answered,

And all documents requested must be attached.

(Die aansoekvorm mag in Afrikaans voltooi word)

The closing date for registration is 30 November, annually.

To avoid disappointment, prospective students are encouraged to apply as soon as possible, to ensure their places in the Academy.

Personal details of student			
Full Names			
Surname			
Nickname			
Please circle	Male	Female	
Date of birth (dd/mm/yy)		Age	
ID number			
Do you have a valid passport	Yes	No	
Passport number			
VISA number for International students			
VISA expiry date			
Do you have a valid driver's license	Yes	No	

Are you truly motivated to do this service year for Christ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical address		
Personal e-mail address		
Personal cell phone number		
Current activity	Scholar	
	Tertiary Student	
	Apprentice	
	Other (Specify)	
Current School/Tertiary Institution (if applicable)		
Highest school grade passed		
School from which you obtained above mentioned grade	Year Obtained	
Home Language		
Other Languages (Speak/Write)		
Student's Afrikaans reading skills	Excellent	
	Good	
	Fair	
	Poor	

Student's Afrikaans writing skills	Excellent	
	Good	
	Fair	
	Poor	
Student's Afrikaans communicating skills	Excellent	
	Good	
	Fair	
	Poor	
Student's English reading skills	Excellent	
	Good	
	Fair	
	Poor	
Student's English writing skills	Excellent	
	Good	
	Fair	
	Poor	
Student's English communicating skills	Excellent	
	Good	
	Fair	
	Poor	

Tertiary degree (if applicable)						
Tertiary Institution from which you obtained the degree				Year obtained		
Employer (if applicable)						
Occupation (if applicable)						
Relationship status	Single					
	In a relationship					
	Engaged					
	Married					
	Divorced					
Do you have any children?	Yes		No		How many	
Student's health						
How do you rate your health	Excellent					
	Good					
	Fair					
	Poor					
Do you take any chronic medication for any chronic disease or allergies that you suffer from?	Yes <input type="checkbox"/>			No <input type="checkbox"/>		
If yes, please specify:	1.					
	2.					
	3.					
	4.					

Do you have any physical limitations / handicaps or do you suffer from any psychological / mental disorders or problems?	1.
	2.
	3.
	4.

How do you rate your fitness	Excellent	
	Good	
	Fair	
	Poor	

Do you have any specific dietary requirements?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify:	1.
	2.
	3.
	4.

PLEASE TAKE NOTE: That we do not cater for any gluten intolerant, lactose free, sugar free or any allergy related meals. If a person has any dietary preferences or requirements, **we recommend that such students must prepare their own meals.** **We provide for this in terms of our Prospectus with Option A.**

Do you take a Medical Aid?	Yes	No
Medical Aid number		
Main member		
Main member contact number		
Doctor's name		
Doctor's contact number		

Student's congregation and spiritual life

Which congregation do you attend?		
How long have you been attending this congregation?		
To what extent and in what capacity are you involved in this congregation?		
Senior Pastor / Minister		
Pastor's / Minister's contact number		
Pastor's/Minister's e-mail address		
May we contact your Paster / Minister with regards to your application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you accepted Jesus Christ as your personal Lord and Saviour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Briefly tell us when, how and where it happened		
Have you received any previous Christian training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please give us a summary of your previous Christian training (if applicable)

Briefly describe a recent spiritual highlight or breakthrough you have experienced

How and from whom did you hear about Koinonia Discipleship Training Academy (KDTA)?

<p>Please motivate why you would like to join / enrol for the Koinonia Discipleship Training Academy (KDTA) year. What is your purpose for seeking discipleship training?</p>	
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Student's hobbies, and interests

<p>Can you play any musical instruments?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>
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<p>If yes, which instrument(s)?</p>	<table border="1"> <tr><td>1.</td></tr> <tr><td>2.</td></tr> <tr><td>3.</td></tr> <tr><td>4.</td></tr> </table>	1.	2.	3.	4.
1.					
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<p>What hobbies or interests do you have, and name any hobbies, sports or leisure activities that you would like to take part in.</p>	<table border="1"> <tr><td>1.</td></tr> <tr><td>2.</td></tr> <tr><td>3.</td></tr> <tr><td>4.</td></tr> <tr><td>5.</td></tr> </table>	1.	2.	3.	4.	5.
1.						
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5.						

Please indicate your food option preferred

According to our Prospectus, there are two monthly options, which one of the two options do you prefer?

Option A
(without any meals)

Option B
(with meals)

Payment option and person responsible for payment

Person responsible for payment

Surname

Full names

ID number

Cell phone nr

Work contact nr

E-mail address

Physical address

Postal address

Relationship to student

Next of kin (1)

Full names	
Surname	
ID number	
Cell phone number	
Work contact number	
E-mail address	
Physical address	
Relationship to student	

Next of kin (2)

Full names	
Surname	
ID number	
Cell phone number	
Work contact number	
E-mail address	
Physical address	
Relationship to student	

Indemnity

Parent / Guardian to read and sign

The parent / guardian of the above mentioned student, together with my / our heirs, trustees, executors or assigns, hereby indemnify Koinonia Discipleship Training Academy (KDTA), against any claim howsoever arising as a result of my / our child's involvement with attending / travelling to and from any activity required during the Academy program.

Name and Surname of parent / guardian

Signature of parent / guardian

Date signed

I, _____ parent / guardian understand that in the event of medical treatment being required for the above-mentioned student; every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Leaders, Deacons, Elders present, to procure medical treatment, including anaesthesia, for my child's well-being.

Name and Surname of parent / guardian

Signature of parent / guardian

Date signed

By signing this form, I declare that all the information contained in this application is true and complete, and understand that providing any false information can lead to the cancellation of my application or registration at Koinonia Discipleship Training Academy (KDTA).

Name and Surname of parent / guardian	
Signature of parent / guardian	<input type="text"/>
Date signed	
Signature of student	<input type="text"/>
Date signed	

The following documents must be attached:

- a) A copy of the student's ID card (front and back)
- b) A copy of the student's passport (if available)
- c) A copy of a testimonial from the school / employer
- d) A copy of the student's matric certificate if already matriculated
- e) A copy of the highest qualification achieved at tertiary level

For international students, the following documents must be attached:

- a) A PCR (polymerase chain reaction) test report not older than 72 hours
- b) A copy of your passport
- c) A copy of your VISA
- d) A copy of a testimonial from the school / employer
- e) A copy of the student's matric certificate if already matriculated
- f) A copy of the highest qualification achieved at tertiary level

The fully completed application form and all of the above documents must be sent to the following e-mail addresses:

info@koinoniadiscipleship.co.za - Hannes Pretorius (Founder & owner of KDTA)
training@koinoniadiscipleship.co.za - Morné Holtzhausen (Campus pastor)

Any queries: Any inquiries can also be sent to the above e-mail addresses

Application process

Please ensure that the application form is fully completed, and all necessary documents are attached, otherwise the application will not be processed.

All applications are submitted to the Board of Directors for our initial selection process.

All candidates will be notified about our preliminary decision via e-mail and WhatsApp.

Personal interviews will then be scheduled with successful candidates.

A personal interview (about 30 minutes) will be conducted with each of these students.

The Board will make a final decision following this interview and will inform students of the outcome via e-mail and WhatsApp within 24 hours.

All applicants are handled with significant consideration and sensitivity to the guidance of the Holy Spirit.

The Board's decision is final.

According to the POPI law, your personal details will be kept strictly confidential by Koinonia Discipleship Training Academy (KDTA).

KDTA website: www.kdta.co.za

KDTA address:

18 Via Appie Street, Voorbaai, Mossel Bay, Western Cape, 6500
South Africa