




GAP WoG - GAP YEAR

2024 Application Form

Course Duration - 24 January - 16 November 2024

 083 267 0779

 info@gapwog.co.za

Welcome to the GAP-WoG - GAP YEAR Program.

We look forward to the prospect of having you join us on a life transforming, destiny defining, and fun-filled journey next year!!

Please note that the following forms are to be filled in, signed, and returned. You are welcome to print and complete or use Adobe Acrobat (click to download) to "Fill and Sign" online. Please return the completed forms by E Mail to info@gapwog.co.za for Attention GAP YEAR Applications Department.

IMPORTANT NOTES WHEN FILLING IN THE FORMS:-

- Please note that all pages are to be signed at the bottom of each and every page by both the Parent/Guardian, and the applying Student.
- Please also note that there are full signature requirements as indicated on a number of the Forms below.
- Applications can only be assessed if all pages are signed as requested.
- Please also ensure that all information is filled in as neatly and as clearly as possible. The use of block letters is preferable.
- Please also ensure that all information is factually accurate.
- Once all the Forms are completed you will have 17 pages, numbered (Page One) to (Page Seventeen) as below.

PLEASE NOTE: -

Due to the limited number of Students that we enrol per year our selection criteria are based on a first come, first served basis; and are subject to the applicant meeting the required application criteria.

A. STUDENT APPLICATION FOR ADMISSION FORM

Personal details of the Student Applicant: (If you are printing and writing to complete this form, please print and fill in clearly and carefully in BOLD block letters so as to ensure easiest reading).

Surname: _____ Initials: _____

First Names: _____

Preferred Name: _____ Identity Number: _____

Date of Birth: ____/____/____ Passport Number: _____
(DD/MM/YYYY)

(Please mark accordingly with an X)

Title: Mr _____ Miss _____ Other _____ Male _____ Female _____ South African _____

Other Nationality _____ (Please Specify) _____

Physical Address: (Please write clearly in BOLD block letters)

Postal Address: (Please write clearly in BOLD block letters)

Applicants E Mail Address: _____

Applicants Cell Phone Number: _____

B. PRELIMINARY REPORT OF PROSPECTIVE STUDENT

Name of School attended, or attending at present: -

Highest Grade Passed: _____ Tel No of School: _____

C. PARENT/GUARDIAN INFORMATION

Relationship to Student Applicant: _____

Title: Mr _____ Mrs _____ Other (Specify) _____

PARENT/GUARDIAN 1:

Surname: _____ First Name/s: _____

Identity Number of Parent/Guardian: _____

Postal Address: _____

_____ Postal Code: _____

Work Address: _____

Employer: _____ Profession: _____

Home Tel No: _____ Work Tel No: _____

Cell Number: _____ E Mail Address: _____

PARENT/GUARDIAN 2 (AS/IF REQUIRED) :

Surname: _____ First Name/s: _____

Identity Number of Parent/Guardian: _____

Postal Address: _____

_____ Postal Code: _____

Work Address: _____

Employer: _____ Profession: _____

Home Tel No: _____ Work Tel No: _____

Cell Number: _____ E Mail Address: _____

D. DETAILS OF A RELATIVE/FRIEND:

Other than the Parent/s or Guardian as above.

Relationship to applicant: _____

Title: Mr _____ Mrs _____ Other (Specify) _____

First Name: _____ Surname: _____

Home Tel No: _____ Work Tel No: _____

Cell Number: _____ E Mail Address: _____

E. PAYMENT AGREEMENT.

To be completed by the person responsible for the payment of applicant's fees.

Surname: _____ First Name/s: _____

Postal Address: _____

_____ Postal Code: _____

Work Address: _____

Employer: _____ Profession: _____

Home Tel No: _____ Work Tel No: _____

Cell Number: _____ E Mail Address: _____

(To where Account is to be sent).

Please note that you are to reference the Students Name and Surname whenever a payment is made! This is very important for reconciliation of accounts purposes!

F. PAYMENT INFORMATION AND SEQUENCE:

- R500-00 non-refundable Application fee.
- R4250-00 non-refundable Deposit fee; payable within 7 days of Applicant's successful and approved admission as a recognised Student.
- The Student Course fee of R7750.00 x 10 months is payable each month in advance. (Full 2024 Student Course fee is R77 500-00 annual fee).
- ** A 7,5% discount is applicable should the full Student Course fee be paid on or before 14 January 2024 – This discounted fee will then be R71 500-00.
- A Student will not be permitted to graduate should any fees be outstanding by end October 2024.
- GAP-WoG reserves the right to dismiss any Student for outstanding arrears fees. The outstanding balance of the year's fees will become payable within 14 days of dismissal.
- GAP-WoG reserves the right to legally pursue any outstanding fees and the responsible Parent or Guardian will be liable for any and all legal fees and affiliated costs.

I, (name and surname of responsible Parent/Guardian in full),

have read and understood all the content of the Application Forms, as well as the payment information and terms, and accordingly take full responsibility for all terms, conditions, and the payment of all fees.

Signed in acceptance: _____

G. CONDITIONS OF REGISTRATION

I confirm the enrolment of _____ (Student's Name) at GAP-WoG in order to participate in the aforementioned course and agree to and accept all the terms and conditions of registration. I hereby agree that I am liable for the full contract amount even if the course is not completed by my child in the stipulated time period, due to any failure on their part. I understand that this contract may only be cancelled in exceptional circumstances, subject to the acceptance of GAP-WoG Bible College.

Full Signature of responsible Parent/Guardian: _____

Witness Name in full: _____

Full Signature of Witness: _____

H. I HEREBY ACCEPT THE FOLLOWING CONDITIONS

1. The course is not transferable to other persons in the case of any circumstance whatsoever.
2. Should I fail to pay the instalments on the due date, my child may be suspended from GAP-WoG until such time as the fees are brought up to date.
3. Should I fail to pay the instalment; my account may be debited with the maximum interest allowed under the Limitation and Disclosures of Finance Charges Act No. 73 of 1966 or any act replacing it.
4. I agree that in the event of GAP-WoG instructing its attorneys to collect any amount, all legal fees and collecting charges and tracing fees as between attorney and client shall be borne by myself and all payments made shall firstly be allocated towards such fees and charges thereafter to interest and finally to capital.
5. GAP-WoG accepts no responsibility in respect of, and will not pay compensation in the event of, any personal injuries sustained on the premises, nor loss of personal property.

Signed at: _____ on this _____ day of _____ year _____

Signature: _____

Witness Name: _____

Witness signature: _____

BANK DETAILS FOR EFT:

Account name: For Your Good Ministries

Bank Name: ABSA Bank

Account type: Cheque

Account number: 4041891486

Branch code: 632005

** Please ENSURE you reference your Student Name and Surname for EFT

N.B. Please note that the first monthly fee payment is due before or on the last day of January. Proof of payment is to be e mailed by latest 14 January 2024.

This fee is a separate payment from R500-00 Application Fee, and the R4250-00 Deposit Fee which you will already have paid. All future fees are to be made one month in advance. E Mail to info@gapwog.co.za for Attention GAP YEAR Accounts Department.

I. MEDICAL INFORMATION

Medical Aid Scheme: _____

Medical Scheme Number: _____

Doctors Name & Contact no: _____

Main Members ID: _____ (Please attach copy to application)

Current Medication?: _____

Dependant Code: _____

Medical Aid Plan: _____

MEDICAL HISTORY FORM

Rate your current health. Poor/fair/good/excellent _____

Any allergies? (specify) _____

Do you have any physical limitations? Yes/no (if yes, please explain) _____

Have you ever suffered from an eating disorder? _____

Do you have any specific medical dietary requirements? Yes/no (if yes, please specify) _____

Do you have any learning disabilities? Yes/no (if yes, please give details) _____

Do you smoke? Yes/no _____

Do you suffer from asthma? Yes/no (if yes, how severe) _____

MEDICAL HISTORY FORM - CONTINUED

Do you suffer from epilepsy? Yes/no (please give details) _____

Do you suffer from any conditions requiring regular medication? Yes/no (if yes, please give details)

Do you suffer any chronic recurring illnesses? _____

Do you have any other problems that should be noted (joints, back, knees, etc) _____

Have you ever suffered a nervous breakdown, depression or any other emotional disorder (if yes, please explain) _____

Is there anything else which we need to know about with regards to your health, which has not been asked in the above questions? _____

Have you ever been involved with drugs or been in a rehabilitation centre? If so, please specify which drugs and when last you used the drug(s). This includes dagga/marijuana. _____

Signed at: _____ on this _____ day of _____ year _____

Signature of Parent/Guardian: _____ Signature of Student: _____

GAP-WoG Bible College

K. IMAGE RELEASE FORM AUTHORISATION.

I, the undersigned, do hereby confirm that I am the parent/legal guardian of

_____ (Student's name and Surname)
and have legal authority to execute the release on his/her behalf. I hereby grant GAP-WoG Bible College, and its beneficiaries, namely For Your Good Ministries, irrevocable permissions to publish photographs of my child taken during the duration of his/her time at the fore-mentioned GAP-WoG Programme.

These images may be published in any reasonable manner, including (but not limited to) calendars, advertisements and social media. Furthermore, I will hold harmless any photographer and his/her legal representatives and assigns, from any liability by virtue of minor cropping that may be required, and colour and exposure shifts that may occur in reproducing this photograph.

I have read this release and fully understand its contents and implications.

Parent / Legal Guardian's Signature

Parent / Legal Guardian's Name

Date Signed

Student's Signature

Student's Name

Date Signed

Witness's Signature

Witness's Name

Date Signed

L. UNDERTAKING BY THE PARENT OR GUARDIAN OF THE STUDENT

- I declare that I/my son/my daughter has filled in the form and that the details are factually correct.
- I, the undersigned declare that I will be liable for the prompt payment of fees to GAP-WoG Bible College. I shall email / sms / fax my deposit slip regarding to monies paid in order for GAP-WoG to validate my/our application.
- I understand that GAP-WoG has the right to cancel my registration at any time should it emerge that the information I have supplied is incorrect or false.
- I undertake to pay any cost regarding tracing and lawyers' fees or attorneys' and private client scale, should GAP-WoG have to enter into legal proceedings, should I fail to make payments on or before stipulated dates.
- I grant GAP-WoG the right to claim outstanding amounts from my employer by way of salary deduction, should I fail to make payments by the stipulated dates.
- I understand that this undertaking signed by me refers specifically to my own/my child's application for admission to GAP-WoG or continuation of the program and study at GAP-WoG Bible College.

Signed at: _____ Date _____

Parent / Legal Guardian's Signature

Parent / Legal Guardian's Name

Date Signed

Student's Signature

Student's Name

Date Signed

M. DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY

TO BE COMPLETED BY APPLICANT (STUDENT)

1. I confirm that I have full legal capacity to conclude this agreement and to bind myself to the terms and condition thereof.
2. I attach hereto a certified copy of my identity document.

(See next page for continuation of the above)

3. I confirm that I am contracted for enrolment for the period January to November 2024 with GAP-WoG Bible College, South Africa which is owned and run by For Your Good Ministries and that for the period aforesaid I will be a resident and under the supervision and control of the managing directors of the Group or their duly authorized representatives (referred to collectively hereinafter as "The Directors".)
4. I hereby authorize the Directors for the entire period that I will be under supervision/control of the directors to:
 - a. Act as my authorized agent, as guardian
 - b. Sign any documentation on my behalf relating to me as the minor child, whether signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
 - c. Generally, do whatever may be necessary in the interest of myself on behalf of my Parents or Legal guardian.
 - d. I acknowledge that I am fully aware that I may suffer injury or death whilst engaging in some of the activities, which I will participate in during the period of my enrolment or whilst travelling in transport provided by the Four Your Good Ministries and/or Directors whether as a result of error of and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and/or negligent and/or not sufficiently skilful or competent:

I hereby indemnify any hold harmless:

Four Your Good Ministries, the Directors, their servants and Agents, both in their private capacities and as representatives of the Ministry, jointly and severally against any claims for damages and any claims by myself and/or by my estate and/or by my dependents in respect of or in connection with any injury whatsoever to myself or my death arising out of or in connection with any activities in which I participate under the auspices of For Your Good Ministries and I hereby acknowledge that I engage in such activities solely at my own risk and upon my own responsibility and that I freely and voluntarily accept fully the risk to myself and my dependents.

- I hereby consent to participate in all official curriculums, activities offered by For Your Good Ministries; GAP-Wog GAP YEAR, and I confirm that I will do so at my own risk.
- By my signature to the Agreement, I accept these terms and conditions and confirm that I understand and accept the contents thereof.

Signed at _____ date _____

Student signature: _____

Parent/Guardian signature: _____

As Witnesses: 1. _____

2. _____

N. DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY

To be completed by the responsible Parent or Guardian only.

I, _____ the undersigned, do hereby state:

1. I am the Father/Mother/Guardian of: - _____
born on the _____
2. I attach hereto certified copies of my Identity Document and my son/daughters Identity Document respectively.
3. I confirm that my son/daughter has enrolled for the period January to November 2024 with GAP-WoG SA, which is owned by For Your Good Ministries, and that for the period aforesaid my son/daughter will be under the control and supervision of the Directors of the Group or their duly authorized representatives (referred to collectively hereinafter as The Directors).
4. I hereby authorize the Directors for the entire period that my child is under supervision/control of the directors to:
 - a. Act as my authorized agent, as guardian
 - b. Sign any documentation on my behalf relating to the minor child, whether signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
 - c. Generally, do whatever may be considered as necessary in the interest of my child on my behalf.
5. I acknowledge that I am fully aware that my child may suffer injury or death whilst engaging in some of the activities, which he/she will participate in during the period of his/her enrolment or whilst travelling in transport provided by For Your Good Ministries and/or Directors whether as a result of error of judgement or negligence on the part of the directors or For Your Good, their Agents, employees and/or servants. Notwithstanding the above, and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and/or negligent and/or not sufficiently skilful or competent:

(See next page for continuation of the above)

6. I acknowledge and agree that a certificate signed by any of the directors shall be sufficient and prima facie proof of any expenses incurred in respect of my child.
7. I further indemnify and hold harmless For Your Good Ministries and the Directors both in their private capacities and as representatives of For Your Good Ministries in respect of any claim that may be brought against them arising out of any decision made by them on behalf and in respect of my child in terms of this agreement. I accept liability for any accounts and expenses which they may incur relating to my child. I undertake to pay such accounts and expenses on demand. I hereby consent to my child participating in such activities at his/her own risk.
8. The following rules are to be strictly adhered to, and could/will become grounds for dismissal. GAP-WoG GAP YEAR is a NO alcohol, NO drugs, NO smoking, NO romantic relationships and NO Sex environment. All Students are to relate to all Staff and fellow Students with respect and honour. No bad behaviour or bad language will be tolerated. Boys are not permitted to go into the Girls accommodation; and Girls are not permitted to go into Boys accommodation. Dress code is to be respectful, moderate, and clean. (Should a Student be dismissed for transgressing any of the above, the full years fees will become payable within 14 days of dismissal).
9. By my signature to the agreement, I accept these terms and conditions, and confirm that I understand the contents herein.

Signed at _____ this _____ day of _____

Signature: _____

As Witnesses: 1. _____

2. _____

O. PLEASE NOTE – ALL THE FOLLOWING DOCUMENTS ARE TO BE EMAILED TOGETHER: -

1. Your filled in, and fully signed Application Form. (Every page to be initialled at the bottom of each page, and all indicated full signature points to be signed in full signature by both parent/guardian and Applicant student).
2. Your R500-00 proof of deposit. (Ensure the Students name and surname is reflected on your eft).
3. A certified copy of the Students Identity Document/ID – In the case of not being a South African citizen then a copy of your Passport is acceptable.
4. A certified copy of the Parent/Guardian’s Identity Document/ID; IE of the Parent and/or Guardian that has both approved the Students attendance, and is the one who will take responsibility for the years program fees – In the case of not being a South African citizen then a copy of your Passport and authorised relevant paperwork to study in South Africa.
5. A photograph of both the Student and the Parent/Guardian.

P. NOTE - PLEASE ALSO SEE THE INFORMATION ON THE EXPLORE PAGE ON OUR WEBSITE. PLEASE NAVIGATE TO THE WEBSITE WWW.GAPYEAR.GAPWOG.CO.ZA OR [CLICK HERE](#). THIS PAGE IS TO BE READ AND YOUR SIGNATURE CONFIRMING YOU HAVE READ AND ARE FAMILIAR WITH THE INFORMATION IS TO BE COMPLETED AS BELOW BY THE PARENT/GUARDIAN, AND THE STUDENT:

I, as Parent/Guardian acknowledge that I have read and become familiar with the contents of the Explore page on the website. My signature below confirms same: -
Parent/Guardians Signature: _____

I, as the Student, acknowledge that I have read and become familiar with the contents of the Explore page on the website. My signature below confirms same: -
Students Signature: _____

Q. Please see the last two pages as below for the attention of the School Principal, or School Teacher, or Pastor to fill in and mail return to info@gapwog.co.za for Attention Administration Department.

CONFIDENTIAL LETTER OF REFERENCE/OR TESTAMONIAL: -

To be completed by SCHOOL PRINCIPAL or TEACHER; or CHURCH PASTOR

Dear Principal, Teacher, Pastor; thank you for your kind assistance with the below!
Your assessment is valued and will assist our Student stewardship.

The below is required so as to best assist our stewardship of the Student

Name of Applicant/Student: _____

Name of Referee: _____

Referee Contact: Cell _____ Work _____

How long have you known the Applicant? _____

In what capacity have you known the Applicant? _____

The Referee should know the Applicant well enough to complete the following: -

(Please indicate the appropriate with an X)

INTELLIGENCE

- Exceptional
- Has a good mind
- Average mental ability
- Learns and thinks slowly

LEADERSHIP

- Unusual ability to lead
- Has some leadership promise
- Tries, but lacks ability
- Makes no effort to lead

ACHIEVEMENT

- Superior creative ability
- Meets average expectations
- Does only what is assigned
- Starts, but does not finish

TEAMWORK

- Works well with others
- Usually cooperative
- Insists on having their own way
- Frequently causes friction

SOCIABILITY

- Well-liked by others
- Like by others
- Tolerated by others
- Avoided by others

PHYSICAL CONDITION

- Good health
- Fairly healthy
- Somewhat below par
- Frequently incapacitated

Student Applicants Personal Qualities: -

Listed below are some personal qualities. Please use the numbers to rate the applicant:

1 = Weak

2 = Developing

3 = Average

4 = Mature

5 = Strong

___ Self-confidence

___ Emotional stability

___ Ability to deal with interpersonal problems

___ Relationships with others

___ Respect for others

___ Ability to make decisions

___ Ability to receive criticism

___ Ability to motivate others

Please briefly describe any emotional, mental, or physical challenges the applicant may have? EG - Has the applicant had counselling or any psychiatric treatment?

Please comment briefly on the family and social background of the applicant:

To your knowledge, has the applicant ever been arrested for any offence other than minor traffic violations? _____

Would you recommend the applicant for acceptance to the GAP-WoG programme, please comment below:

SIGNATURE: _____ DATE: _____

Please E MAIL to info@gapwog.co.za for Attention Administration Department.