

Example

Applicant Data

To apply for information to become a Calvary Tuition Centre

To the Calvary/CQA Application Board:

Allocated Centre No:

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Tuition Centre Account No.

Please submit **information** for Calvary registration and CQA accreditation.

Documents at: <http://www.clt.org.za/starting.html>

Please complete: (and fax back to 012 567 5550 to receive Tuition Centre information)

Name of College: River Valley Bible School
Intended name of Tuition Centre

Church Name: Assemblies of God Riversdale

Denomination affiliation: Assemblies of God
If any affiliation exists - optional

CEO: Pastor John Smith Qualification: Dip Min

Dean: Pastor Jeremy Blake Qualification: Dip Th

Street address: River Street 123

Town/Suburb: River Town Code: 5934

State/Province: Kalahari Country: South Africa

Telephone: Office 012-345 6789 Cell: 075 456 7890

e-mail: mailbox333@telkomsa.net Fax: 012-345 6788
Since we communicate by e-mail, it is required

Web-site address: <http://www.assembly@river.org.za>
Website is not required

How can PostNet contact you: 075 456 7890 (phone/cel No)

Nearest PostNet: PostNet Riversdale (to pick up parcels)

Highest level to be mentored: Certificate Diploma Degree

Operating since: 2012 (year) or: Now starting

Are some of the students living in another town (distance)? yes, 3

Number of Lecturers: (Full time) 4 (Part-time) 1

Number of Students: 33 (envisaged). How many bursaries?: 4

Quality Officer (Having HDE or B.Ed): Ms. Phillippa Smith - B.Ed.
Required to appoint, not spouse Name of person co-signing to verify marks

Signature: I declare this data to be true and correct. We are able to connect to the Internet.

Name: Pastor James Peterson Signed: S.I. Gnature
CEO/Dean having DipTh/DipMin Usually the intended CEO/Dean/Pastor

Qualification: Dip. Ministry A.O.G. Signed Date: 15-02-2016

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Please complete: (and fax back to 012 567 5550 to receive Tuition Centre information)

Name of College:
Intended name of Tuition Centre

Church Name:

Denomination affiliation:
If any affiliation exists - optional

CEO: Qualification:

Dean: Qualification:
CEO/Dean of the Tuition Centre

Street address:

Town/Suburb: Code:

State/Province: Country:

Telephone: Office Cell:

e-mail: Fax:
Since we communicate by e-mail, it is required

Web-site address: <http://www>.....
Website is not required

How can PostNet contact you: (phone/cel No)

Nearest PostNet: (to pick up parcels)

Highest level to be mentored: Certificate Diploma Degree

Operating since: (year) or: Now starting

Are some of the students living in another town (distance)?

Number of Lecturers: (Full time) (Part-time)

Number of Students: (envisaged). How many bursaries?:

Quality Officer (Having HDE or B.Ed):
Required to appoint, not spouse Name of person co-signing to verify marks

Signature: I declare this data to be true and correct. We are able to connect to the Internet.

Name: Signed:
CEO/Dean having DipTh/DipMin Usually the intended CEO/Dean/Pastor

Qualification: Signed Date: