



# leap

DISCIPLESHIP YEAR

**APPLICATION  
FORM  
2025**

This Application Form is for prospective students who wish to apply for admission to the Leap Discipleship Year (“Leap”), a non-profit company based in Wellington, that provides ministry training, as well as accommodation and services to registered students.

## APPLICATION PROCESS

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The following steps are required to apply to Leap and for us to process your application:

**Step 1:** Applicants must complete and sign this Application Form and submit it (via post or e-mail) with payment of the non-refundable Admin Fee of R300.00 on submission of their Application Form.

**Step 2:** Once we have received the completed Application Forms, we schedule an interview with each Applicant. After conducting interviews and considering the Application Forms, Leap will finalise which Applicants will be accepted into their selected program.

**Step 3:** Leap will send successful candidate’s a Letter of Acceptance detailing further steps to be taken by those Students and confirmation of curriculum, accommodation, fees and deposits required by Leap. Unsuccessful candidates will be notified.

**Step 4:** After a student has been interviewed and accepted, that student has a month’s time (4 weeks) to pay their deposit to us. Your deposit will ensure your place in the program. Students are to make payment of the fees and deposit detailed in their Letter of Acceptance to Leap no later than 1st of December 2024, even if your interview does not commence a month before that. These fees are paid prior to the start of their year, which starts the day you move in.

**Step 5:** Acquire a valid Passport as well as apply for police clearance by 30 November 2024.

Please note that the starting date and the terms for 2025 will be confirmed in the last quarter of 2024, and all applicants will be notified of these dates when they are available.

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1 Leap requires a non-refundable deposit that is equal to a monthly instalment of Fees. The deposit will be used the following year as the last (December) instalment. \*Interviews which take place after 1 November 2023 will need to be paid before 9 December 2023.



Name & Surname: \_\_\_\_\_

ID Nr: \_\_\_\_\_

Contact Nr: \_\_\_\_\_

**Instructions**

We will not process an application until all attachments, supporting materials and application fee has been received.

1. Please answer all questions in the Application Form. Incomplete or illegible answers can delay the admission process.
2. Complete the form in ink block letters in English please.
3. Send your completed and signed Application with the R400.00 non-refundable application to our offices. (From page 10 – 32)



Application forms for training & accommodation services from

***Leap Discipleship Year (Leap)***

for the 2025 academic year.

## PERSONAL INFORMATION

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### Student Personal Information

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Cellphone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Home

Language:  English  Afrikaans  Other Specify: \_\_\_\_\_

Gender:  Male  Female Date of Birth: (DD/MM/YYYY) \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Re-married  Widowed  Engaged

**If Married:** Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Student Medical Information

Medical Aid: \_\_\_\_\_

Medical Aid Nr: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Nr: \_\_\_\_\_

Allergies / Serious Illnesses: \_\_\_\_\_

\_\_\_\_\_

**Do you suffer from any physical or mental conditions? If yes, please provide information**

\_\_\_\_\_

\_\_\_\_\_

**Do you take any prescription medication? If yes, please provide information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other information that will be helpful in case of a medical emergency:**

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION

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### *Student Personal Information (continued)*

Please provide us with with the contact details of 2 people that should be contacted during any emergencies:

Name & Surname:	Contact Number:	Relation to you:
1. _____	_____	_____
2. _____	_____	_____

### *Student Academic Information*

#### *Secondary Education*

When did/will you graduate from High School:      DD / MM / YYYY

Name of high school: \_\_\_\_\_

City / Town: \_\_\_\_\_

Please include a copy of either your June/ July or Final exam results report.

#### *Tertiary Education*

Final Year Subjects & Percentage / symbols Achieved (if completed)

Name of College, University or Institute	Period of Attendance	Qualification Obtained

#### *Employment History*

Employer:	Position:	From:	To:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Church Information**

Have you made a full commitment to Christ?      Y / N

Are you currently an active member of a church?      Y / N

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Have you ever been accused / convicted of a criminal offence?      Y / N

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**Please give 5 words that best describes you**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Essay Questions**

Answer the following questions and send them with the application form. In order for your application to be processed it is vital that questions are answered thoroughly and legibly. Please type your answers in English. Please number answers appropriately.

1. Write your personal testimony.
2. Describe your vision for your life.
3. What made you decide to apply for the Leap Discipleship Year?
4. What do you expect from this training program?
5. How do you plan to pay for the program?
6. Where did you hear about Leap?

## PERSONAL INFORMATION

### Parent / Guardian Information

To be completed if student is financially dependent on parents or if under 21 years of age.

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Language:  English  Afrikaans  Other Specify: \_\_\_\_\_

### Additional Information

**Should the student be under 21, the rest of this form below must be completed as well.**

Full Name & Surname: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

I \_\_\_\_\_ (Full name of parent/guardian/partner of the above stated Student)

Identity number \_\_\_\_\_ am in full agreement with the above stated clauses and give full consent to his/her participation in Leap Discipleship Year. I have read and understood the terms and conditions, fees and liabilities as explained in Addendum A and agree to these terms and conditions.

Signature of Parent/Guardian/Partner \_\_\_\_\_ Signed at \_\_\_\_\_ on the \_\_\_ / \_\_\_ / \_\_\_



## STUDY OPTIONS

**Option A** - Studies without accommodation

*This option does not include accommodation*

Program Fees	
Once off	R58 080 per year

Program Fees	
Monthly Installments	R4 840 pm x 12 months

**Option B** - Studies with accommodation

*This option includes campus accommodation*

Program Fees and Accommodation	
Once off Program Fees	R62 100 per year (R5175 per month x12)
Once off Accommodation Fees	R33 600 per year (R2 800 per month x12)
<b>Total cost</b>	<b>R95 700 per year</b>

Program Fees and Accommodation	
Monthly Installments	R7 975 pm x 12 months

I would like to pay the complete Program / Program and Accommodation Fee at the beginning of the year

I would like to pay the Program / Program and Accommodation Fee in equally divided installments over a 12 month period

\*Please note that these amounts are tentative and might change.

Initial Here \_\_\_\_\_

**Afternoon Electives**

Select your afternoon electives & motivate

Studying

Working

If you are interested in studying Theology during your afternoon elective time, we would strongly suggest that you consider SATS (South African Theological Seminary). We facilitate qualifications through SATS. Please indicate if you would like more information regarding this option.

I would like more information regarding SATS.

**PROVISION OF STUDY FEES**

Choose which of the following payment methods best describes how study fees will be provided.

The applicant him/herself

The applicant's parent or guardian

Full Name: \_\_\_\_\_

**Sponsors**

Please name the sponsors, the amount they plan to sponsor as well as how often they plan to sponsor the amount.

Name	Amount	Interval Once off / Monthly / Yearly

Initial Here \_\_\_\_\_

Please send me information that will be helpful in raising sponsors:

Yes

No

Student Loan

From which institution? \_\_\_\_\_

Has it been approved?

Yes

No

Other Source (please specify)

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## METHOD OF PAYMENT

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Debit Order

***\*We prefer that all payments be made by debit orders. Please complete the debit order form provided with the Application Pack.***

EFT Transfer

### **BANK DETAILS FOR PAYMENT**

The details of the bank account to be used for student fees as follows:

**ABSA Bank (Wellington)**

**Branch Code: 632005**

**Account Number: 405 697 5730**

*\*Please remember to write your name and surname in as a reference on the deposit slip.*

Cash

Please indicate the email address that you would prefer your statements to be emailed to during the course of your program: \_\_\_\_\_

I (The Student) am fully capable to conduct into this agreement without any assistance and/or have the full consent of my parents/guardian/partner to conclude this agreement. I have read and understood the terms and conditions, fees and liabilities as explained in Addendum A and agree to these terms and conditions.

I would like to receive the above services that I selected in this Application Form and have read and understood the Terms and Conditions, which is attached hereto, and forms part of the contract between myself/parent/ guardian and Leap, and to which the aforesaid selected services are subject to.

**Signature of Applicant** \_\_\_\_\_

DD/MM/YYYY

## CHARACTER ASSESSMENT

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Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rate yourself according to the following characteristics:

Characteristic	Superior	Above Average	Average	Below Average	Unable to Rate
Spiritual Faith					
Participation in church activities					
Leadership					
Co-operation					
Moral Lifestyle					
Dependability					
Physical Health					
Emotional Stability					
Resourcefulness					
Honesty					
Getting along with Authority					
Getting along with Peers					
Compassion					
Purposefulness					
Self-Esteem					

Please send this form with your application to the Leap Office.

## RECOMMENDATION FROM A SPIRITUAL LEADER

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### *Directions to Applicant*

Applicants for the Leap Discipleship Year must have this recommendation form completed. The applicant should fill in all the information in this top section and have his/her pastor, youth director, or other church leader fill in the remainder of the recommendation form. The church representative selected should not be related to the applicant but should be well acquainted with his/her spiritual commitment and character.

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Directions to Spiritual Leader*

The applicant listed on this form has applied to Leap Discipleship Year and has listed you as a reference. Please answer each question as completely and honestly as possible to aid us in making an accurate assessment of the applicant and his/her character and capabilities. Feel free to type answers or to use another sheet of paper to answer questions on. Please number answers appropriately.

**1. Describe your relationship with the applicant, including how long you have known him/her.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Describe the applicant's attitude towards church and church activities.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How has the applicant, to your knowledge, made public profession of his/her faith in the Lord Jesus Christ?**

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**4. Are you aware of the applicant using alcohol, tobacco products, or illegal or habit-forming drugs? Please describe.**

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**5. Are you aware of the applicant participating in behaviors inappropriate to a Christian lifestyle? Please explain.**

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**6. Please rate the applicant according to the following characteristics:**

Characteristic	Superior	Above Average	Average	Below Average	Unable to Rate
Spiritual Faith					
Participation in church activities					
Leadership					
Co-operation					
Moral Lifestyle					
Dependability					
Physical Health					
Emotional Stability					
Resourcefulness					
Honesty					
Getting along with Authority					
Getting along with Peers					
Compassion					
Purposefulness					
Self-Esteem					

7. Are there any factors in the applicant's background that may have either a positive or negative influence on his/her success at a Christian institute?

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8. List any other information that you think would be helpful in our accurate evaluation of this applicant.

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9. Based on your experience with the applicant, how would you recommend him/her?

Highly recommended \_\_\_\_\_ Recommended \_\_\_\_\_ Would not recommend \_\_\_\_\_

Prefer not to make a recommendation \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DD / MM / YYYY  
Date

Please provide the following

Title	_____	Name	_____
Church	_____	Denomination	_____
Postal Address	_____	Telephone	_____
	_____		

Please return to: Leap  
Email: info@timothytraining.co.za  
Fax: 086 762 4859  
PO Box 247  
Wellington  
7654



## RECOMMENDATION FROM A TEACHER OR EMPLOYER

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### *Directions to Applicant*

Applicants for the Leap Discipleship Year must have this recommendation form completed. The applicant should fill in all the information in this top section and have his/her teacher, employer, or any other person with authority over the applicant to fill in the remainder of the recommendation form. The representative selected should not be related to the applicant but should be well acquainted with his/her character and academic potential.

Full Name & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Directions to Teacher or Employer*

The applicant listed on this form has applied to Leap Discipleship Year and has listed you as a reference. Please answer each question as completely and honestly as possible to aid us in making an accurate assessment of the applicant and his/her character and capabilities. Feel free to type answers or to use another sheet of paper to answer questions on. Please number answers appropriately.

**1. Describe your relationship with the applicant, including how long you have known him/her.**

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**2. Describe the applicant's attitude toward authority.**

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3. Do you know of any negative character traits or habits that could affect his/her future academic success?

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4. How would you describe the applicant's work/study habits?

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5. Please rate the applicant according to the following characteristics:

Characteristic	Superior	Above Average	Average	Below Average	Unable to Rate
Spiritual Faith					
Participation in church activities					
Leadership					
Co-operation					
Moral Lifestyle					
Dependability					
Physical Health					
Emotional Stability					
Resourcefulness					
Honesty					
Getting along with Authority					
Getting along with Peers					
Compassion					
Purposefulness					
Self-Esteem					

6. Are there any factors in the applicant's background that may have either a positive or negative influence on his/her success at a Christian institute?

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7. List any other information that you think would be helpful in our accurate evaluation of this applicant.

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8. Based on your experience with the applicant, how would you recommend him/her?

Highly recommended \_\_\_\_\_ Recommended \_\_\_\_\_ Would not recommend \_\_\_\_\_

Prefer not to make a recommendation \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DD / MM / YYYY  
Date

Please provide the following

Title	_____	Name	_____
Organization	_____	Position Held	_____
Postal Address	_____	Telephone	_____
	_____		

Please return to: Leap  
Email: [info@timothytraining.co.za](mailto:info@timothytraining.co.za)  
Fax: 086 762 4859  
PO Box 247  
Wellington  
7654

I (The Student) am fully capable to conduct this agreement without any assistance and/or have the full consent of my parents/guardian/partner to conclude this agreement. I have read and understood the terms and conditions, fees and liabilities as explained in Addendum A and agree to these terms and conditions.

I would like to receive the above services that I selected in this Application Form and have read and understood the Terms and Conditions, which is attached hereto, and forms part of the contract between myself/parent/ guardian and Leap, and to which the aforesaid selected services are subject to.

**Signature of  
Applicant**

\_\_\_\_\_

DD/MM/YYYY

## APPLICATION CHECKLIST

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*Please ensure you have completed the below before sending in your forms*

- Written and attached the answer to your essay questions
- Completed every section of the forms
- Attached completed recommendation forms
- Guardian or Parent has signed on behalf of students under the age of 18
- Have paid the R400 Application Fee and attached proof of payment
- Attached photo to the forms