



# DUNAMIS TRAINING CENTRE REGISTRATION FORM

### Course Enrolment

Full Time	Part Time		
	First Year	Second Year	Third Year
<b>Bible College</b>			
<b>Counselling course</b>			
<b>Creative Arts School</b>			
Specify Course			
Gap year	Pastoral	Creative Arts	Counselling

Surname \_\_\_\_\_ Title \_\_\_\_\_  
 Full Names \_\_\_\_\_ Gender \_\_\_\_\_  
 Identity Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Church Name \_\_\_\_\_

#### PHYSICAL ADDRESS

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 City \_\_\_\_\_ Code \_\_\_\_\_

#### POSTAL ADDRESS

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 City \_\_\_\_\_ Code \_\_\_\_\_

#### TELEPHONE DETAILS

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

#### IN CASE OF EMERGENCY

Relative \_\_\_\_\_  
 Relationship \_\_\_\_\_ Tel 1 \_\_\_\_\_ Tel 2 \_\_\_\_\_

#### WITH REGISTRATION THE FOLLOWING IS NEEDED:

1. Registration fee will ensure your application
2. Cheques made out to DUNAMIS INTERNATIONAL FAMILY CHURCH
3. **Standard bank – Germiston, 020314116, 011642, Current Account**

**PLEASE FAX THIS FORM TO +27118278479**