

INSTRUCTIONS FOR COMPLETING YOUR DOCUMENTS

- Please apply for your “Police Clearance” immediately to ensure that you will be in the position to include it with your documents. **REMEMBER.....** A Clearance Certificate is only valid for 1 year so please do not include outdated certificates from last year as it will jeopardise your acceptance.

VERY IMPORTANT!!! PLEASE DO NOT POST DOCUMENTS TO OUR STREET ADDRESS AS WE DO NOT HAVE STREET DELIVERIES AND YOUR DOCUMENTS WILL NOT REACH US

IF YOU ARE MAKING USE OF SOUTH AFRICAN POSTAL SERVICES

PLEASE ONLY USE OUR POSTAL ADDRESS:

EMMU – Methodist Connexional Office
Privated Bag X11
Gardenview
2047

COURIER SERVICES FOR “TO DOOR” DELIVERY”

EMMU – Methodist Connexional Office
33 Ernest Oppenheimer Avenue
Bruma
2198

**PLEASE ARRANGE DOCUMENTS IN THE SAME ORDER
AS IT APPEARS ON THE CHECKLIST AT THE BEGINNING OF THE
“PERSONAL QUESTIONNAIRE”.**

**DO NOT STAPLE DOCUMENTS TOGETHER
OR MAKE DOUBLE SIDED COPIES**

PLEASE MAKE USE OF THE CHECKLIST ON THE FIRST PAGE OF THE PERSONAL QUESTIONNAIRE TO ENSURE THAT ALL DOCUMENTS ARE INCLUDED AND THAT ALL DOCUMENTS ARE SIGNED AND WITNESSED WHERE REQUIRED

WE DO NOT ACCEPT FAXED OR E-MAILED DOCUMENTS!!!!

INCOMPLETE DUCUMENTATION AND ALL FORMS RECEIVED AFTER 31 OCTOBER 2017 BY EMMU WILL NOT BE PROCESSED.

NB!!! NB!!! NB!!! NB!!!

Please complete the following and attach this page with your application documents

I _____ ID No. _____

have read, understand and accept the information given above.

Signed: _____ Date: _____



The
Methodist Church
of Southern Africa

E M M U

Education for Healing and
Transformation

APPLICATION TO TRANSFER TO THE METHODIST CHURCH OF SOUTHERN AFRICA

APPLICATION FORMS FOR

2018



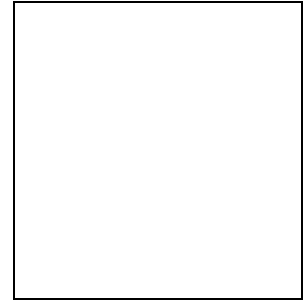
PERSONAL QUESTIONNAIRE FOR TRANSFER TO THE METHODIST MINISTRY

Please take great care with the completion of this form. If you need more space for your answers, please use additional paper.

IF THIS FORM IS NOT COMPLETED IN FULL OR IF ALL ATTACHMENTS ARE NOT INCLUDED,
IT WILL NOT BE PROCESSED BUT RETURNED TO THE APPLICANT

ATTACHMENTS

- Police Clearance Certificate
- Copy of ID
- ID Photo of applicant
- If applicable, copy of spouse's ID
- If applicable, child(ren)'s ID or birth certificate(s)
- If applicable, Marriage certificate, Divorce decree, Death certificate of spouse (Pastoral Commission report if divorced)
- Application Form
- Copy of Senior Certificate or equivalent
- Ordination Certificate
- Certificate and transcript (official document with subjects and marks) of Theological Qualification
- Copy of Pastoral Commission Report
- "Statement of Health" must be completed and signed by a Medical Practitioner



DISTRICT APPLYING FROM : _____ DATE OF ORDINATION : _____

1. PERSONAL INFORMATION

- 1.1 Surname : _____
- 1.2 First names : _____
- 1.3 What name do you prefer to be called by ? _____
- 1.4 Identity Number : _____
- Date of birth : Day : _____ Month : _____ Year : _____ Male / Female _____
- 1.5 Marital status : Married / Single / Divorced / Widowed (Circle the one that is applicable) Date of Marriage : _____
- 1.6 Spouse's first name : _____
- 1.7 Spouse's Identity Number : _____
- 1.8 Spouse's date of birth: Day : _____ Month : _____ Year : _____
- 1.9 How many children do you have dependent on you ? _____
- Name : _____ Date of Birth : _____
- Name : _____ Date of Birth : _____
- Name : _____ Date of Birth : _____
- Name : _____ Date of Birth : _____
- Name : _____ Date of Birth : _____

- 1.10 Postal address : _____
 _____ Code _____
 Residential address : _____
 _____ Code _____
- 1.11 Telephone : Work _____ Home _____
 Cell _____ e-mail _____
- 1.12 What is your state of health ? _____ (The completed Pharos Forms signed by a doctor must be attached.)
- 1.13 Language : (Home) _____ (Other) _____

2. STATUS

- 2.1 If you are single, have you taken any steps towards marriage ? _____
- 2.2 Have you been divorced ? (If yes, give details) _____

- 2.3 Give brief details of your parents' family: (Your parents' names and ages, the size of the family, the nature of your parents' employment, where the family lived over the years, what connection the family has with the Christian Church., etc.)

- 2.4 Are your parents or any other family members dependent on you ? (If yes, give details) _____

IF YOU ARE MARRIED:

- 2.5 Spouse's surname before marriage : _____
- 2.6 What is your spouse's state of health ? _____ Does she/he need to be near a hospital for treatment ? _____
 If yes, give details: _____
 Does he/she suffer from any allergies, or suffer from a disability ? _____ If yes, give details: _____

- 2.7 Is your spouse employed ? _____ In what capacity ? _____
- 2.8 Will your spouse be able to pursue her/his career wherever you are appointed ? _____
- 2.9 Will your spouse accompany you if you are appointed in a circuit ? _____
- 2.10 Is your spouse supportive of your proposed entry into the Methodist Church of Southern Africa ? _____

- 2.11 What does she/he think would be a church's expectations of her/his role in the church, and how does he/she respond to that?

IF YOU HAVE CHILDREN:

- 2.12 Where are your children at school at present ? _____

- 2.13 Will they be able to accompany you if you are appointed to a circuit ? _____
- 2.14 Are there circumstances/challenges concerning your children which might affect your stationing ? _____
If yes, give brief details : _____

3. SCHOOL, EDUCATIONAL AND OCCUPATIONAL

- 3.1 Which secondary school did you attend ? _____
Grade 12 (Senior Certificate) obtained in _____ (year) **(Please attach copy of Senior Certificate)**
- 3.2 Tertiary education: Diploma / Degree obtained ? _____ **(Please attach copy of Diploma / Degree)**
- 3.3 Are you studying this year? _____ If yes, give details _____

- 3.4 Employment history (*starting with current employment*)
- | <u>Employment period</u> | <u>Company/Denomination</u> | <u>Position held</u> |
|--------------------------|-----------------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- 3.5 What has been the nature of your relationships with your colleagues ? **(Please attach at least 2 testimonials)** _____
- 3.6 Have you ever been convicted of a criminal offence or spent time in prison ? _____ If yes, please give details on a separate sheet.
- 3.7 Have you ever been subject to physical abuse ? _____ If yes, please give details on a separate sheet.
- 3.8 Have you ever committed abuse towards another person? _____ If yes, please give details on a separate sheet.
- 3.9 Have you ever been convicted of such an offence ? _____ If yes, please give details on a separate sheet.
- 3.10 Have you ever been in a motor accident which involved an insurance claim ? _____ If yes, please give details on a separate sheet.
- 3.11 Have you accumulated any pension benefits in your previous employment? _____
If yes, give brief details : _____
- 3.12 Do you have any outstanding accounts or debts? _____ If yes, please give details on a separate sheet.

4. RELATIONSHIP TO SOCIAL ENVIRONMENT

- 4.1 Do you (and your spouse) enjoy close social relationships with other people ? Describe. _____

- 4.2 Are you involved in any community or social activities outside the life of the church ? Give details: _____

- 4.3 What hobbies do you have? _____

5. RELIGIOUS BACKGROUND AND ATTITUDES

- 5.1 Have you been baptised? _____ When? _____ Where? _____
- 5.2 How long have you been a member of the Methodist Church of Southern Africa? _____
- 5.3 Which denomination/s have you been a member of ? _____ For how long? _____
- 5.4 (a) Give details of your service in the ministry of your former denomination: _____

- 5.4 (b) What is your understanding of why you left your previous ministry? _____
_____ (Please use a separate sheet if necessary.)

- 5.5 When were you converted to the Christian Faith? _____
- 5.6 What are the main aspects of your devotional life? _____

- 5.7 In what ways do you press on to Christian perfection? _____

- 5.8 When were you first called to preach? _____
- 5.9 How did the call to the ministry come to you? _____

- 5.10 What do you believe are your particular spiritual gifts for service in the church (e.g. pastor, administrator, etc.)? _____
- 5.11 Where do you believe you could best serve the church (e.g. small town, inner city, etc.)? _____

- 5.10 Are you willing to serve in a circuit where there are people of a racial or ethnic group different from yours? _____
- 5.11 Are you willing to serve under a Superintendent of another racial group? _____
- 5.12 Are you willing to serve under a Superintendent or Bishop who is a woman? _____
- 5.13 Do you abstain from alcoholic beverages? _____ What is your attitude to the use of alcohol? _____

- 5.14 Are you a tobacco smoker? _____
- 5.15 Are you dependent on any habit forming drugs? _____ What is your attitude to the use of drugs? _____

- 5.16 Do you know and understand the Methodist standpoint on issues such as those in the previous six questions? _____

- 5.17 Are there any other policies of the Methodist Church on which you would like to comment on? _____

- 5.18 Are there any other matters not dealt with in this questionnaire which could help the Church to understand you and plan for your ministry to be effective? _____

6. READING

- 6.1 Please list the titles and authors of the most important books you have read (excluding the Bible).

Which one of these is most significant in your faith journey or in your life of ministry? _____

Signature: _____

Date: _____



**THE METHODIST CHURCH OF SOUTHERN AFRICA
EDUCATION FOR MINISTRY AND MISSION UNIT**

Telephone (011) 615 1616
Fax (086) 517 4263

Private Bag X 11
Gardenview
2047

APPLICATION FORM FOR TRANSFER

I, the undersigned, _____ ID No _____
(Full names)

understand that my relationship with the Methodist Church of Southern Africa is a covenantal rather than contractual relationship. Laws and Discipline para 4.3 states that 'no legally enforceable contract shall exist at any time between the Church and any of its Circuits on one hand and a Minister on the other hand, in respect of payment of stipends, any allowances or any other material benefit in cash or kind, the provision of a station or any benefit of any kind which may have at any stage accrued to a Minister.'

In terms of Laws and Discipline para 4.17.1 to 4.17.7 I confirm that I will adhere to the following:

1. I will adhere to the Laws and Discipline and all other policies, decisions, practices and usages of the Church.
2. I will accept and obey the discipline and decisions of the Conference and the Connexional Executive;
3. I will go to whichever Circuit or station I am appointed;
4. I will not malign this Church, its ministers, doctrines or practices;
5. Should I leave the Ministry of this Church for any reason, I will not conduct another ministry in the Circuit or area to which I was appointed;
6. Should I leave the Ministry of this Church, I will not encourage any member or adherent of the Church to follow me;
7. Should I leave the Ministry of this Church, I will accept the decision of the Connexional Executive or of the Presiding Bishop governing the termination of my service and my occupancy of Church property.
8. I declare that I will undertake whatever course of training for the ministry the Church may from time to time determine;

In addition:

9. I understand that I will bear a percentage of the annual cost of my training. The annual cost will accumulate to a loan account opened in my name at the Methodist Connexional Office. Repayment of the loan may be made annually or as soon as my training is complete but will in any event begin with monthly repayments as a deduction from my stipend once I have been Received into Full Connexion. I understand that Full Repayment must be made within four years of Reception into Full Connexion. The percentage of the Ministerial training costs to be borne by me will be determined by the Connexional Executive or Conference from time to time. This amount is currently 30% of the cost per probationer in their respective phases of training and the amount will be reflected in Para. 5.10.4 of the Yearbook annually.
10. I declare that if I should resign or be dismissed for any reason from the ministry of the Methodist Church of Southern Africa, I will repay to the Methodist Church the total cost of my training, less any amount which has been paid in terms of the paragraph 9 above, provided that for each completed year of service after my ordination my indebtedness to the church will reduce by one-fifth, so that after five years of ordained service I shall not be required to repay any of the costs of my training.

11. I undertake from the year in which I turn 55 years of age to pay for the **full cost** of my training for the Ministry as determined by EMMU, including academic registration, travel costs to and accommodation at Connexional and District training, and any other costs that may be incurred. I undertake to pay this fee **in advance** by the 31ST October each year to EMMU. **I am aware that should this amount not be paid by 31st October I will not be able to commence or continue my training in the following year.**
12. I acknowledge that I am encouraged to transfer any existing pension fund accumulation in my name to the Methodist Supernumerary Fund.

Candidate's Signature: _____ Date : _____

Superintendent Signature: _____ Date : _____

WITNESS:

Name: _____ Signature : _____

Date : _____

STATEMENT OF HEALTH

MEDICAL EXAMINATION OF CANDIDATE FOR THE MINISTRY AND TRANSFERS-IN

This questionnaire forms part of the process of determining the health status of Candidates for the Christian Ministry. Kindly therefore complete this form and have it also completed by a Medical Practitioner. Incomplete forms will be returned to you.

Section 1: Personal Particulars (to be completed by Applicant) PLEASE PRINT

1. Principal Applicant

Title				Initials				Surname	
First name(s)									
P F Number								Gender	F M
ID Number	Y	Y	M	M	D	D			Please provide date of birth

2. Spouse

Title				Initials				Surname	
First name(s)									
Maiden Name								Gender	F M
ID Number	Y	Y	M	M	D	D			Please provide date of birth

3. Other Dependants – Children (List in order of age: oldest first)

First name (s)											
ID Number / date of birth		Y	Y	M	M	D	D		Gender	F	M
Marital status											
First name (s)											
ID Number / date of birth		Y	Y	M	M	D	D		Gender	F	M
Marital status											
First name (s)											
ID Number / date of birth		Y	Y	M	M	D	D		Gender	F	M
Marital status											
First name (s)											
ID Number / date of birth		Y	Y	M	M	D	D		Gender	F	M
Marital status											
First name (s)											
ID Number / date of birth		Y	Y	M	M	D	D		Gender	F	M
Marital status											

Physical Address																			
<small>(Domicilium citandi et executandi)</small>																			
Code																			
Postal Address																			
(if different from above)																			
Code																			
Teleph H									W						Cellular				
Email																			

Section 2: Medical Particulars and Declaration (to be completed by Applicant)

PRE-EXISTING CONDITIONS AND DECLARATIONS

- I confirm that my spouse, children and I are in good health except in respect of items referred to below.
- I consent to undergo a medical examination.
- To the extent that I, my dependants suffer from any particular ailment, disease, disorder, condition or disability, I shall provide details as required.
- The answers to be given herein are full, complete and true.
- I realize that I must submit evidence of the good health of myself and my dependants and that benefits may be limited or excluded in respect of any particular ailment, disorder, condition or disability which existed on my admission date.

.....
SIGNATURE

Section 3: Statement of Health

1.	Principal				Spouse/Partner				Adult Dependant				Adult Dependant			
Name																
Height		m		cm		m		cm		m		cm		m		cm
Weight				Kg				Kg				Kg				Kg
Exercise Regime?	YES			NO	YES			NO	YES			NO	YES			NO
Type of exercise																
Alcohol Consumed	YES			NO	YES			NO	YES			NO	YES			NO
Type and amount																
Smoking?	YES			NO	YES			NO	YES			NO	YES			NO
Type and amount																
If no, any smoking in the last 12 months?	YES			NO	YES			NO	YES			NO	YES			NO
Current Doctor																
Phone Number																

Section 4: Health Questionnaire

Failure to disclose pre-existing conditions could limit and/or exclude certain benefits or result in termination of your membership.

If the nature of any ailment of yours or your dependants is of such a sensitive nature that confidentiality is required, you may use a sealed envelope enclosing all relevant documentation that will give the administrators insight and full understanding of the condition. This sealed envelope may be attached to this application form or may be submitted directly to the Scheme within 14 days of this application.

Have you or your dependants ever had any of the following: If yes to any of the questions, please provide full details. You may also attach any relevant documentation and additional pages if you need more space.

- Any disorder of the heart, blood vessels or circulatory system? (e.g. high blood pressure, chest pain, heart murmurs, palpitations, coronary thrombosis, shortness of breath, stroke, raised cholesterol, calf cramps during light or moderate pace walking)

YES	NO
-----	----

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?

2. Respiratory or lung trouble? (e.g. asthma, bronchitis, persistent cough, tuberculosis, or coughing of blood) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

3. Disorder of the digestive system, abdomen or liver? (e.g. gastric/duodenal ulcer, recurrent indigestion, hernia, hepatitis, rectal bleeding) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

4. Disease or disorder of the kidneys, bladder or reproductive organs? (e.g. stones, YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

5. Any nervous, mental, neurological complaint or psychiatric conditions? (e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety or depression) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

6. Ear, eyes, throat or nose disorder? (e.g. defective vision, deafness and recurrent tonsillitis) Do you wear glasses or contact lenses? YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

7. Disorder or disease of muscles, bones, joints, limbs or spine? (e.g. rheumatism, arthritis, gout, slipped disc or any other back or neck trouble) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

8. Skin disorders? (e.g. psoriasis, dermatitis or eczema) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

9. Any hereditary or congenital conditions? (e.g. porphyria) YES NO

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

10. Diabetes or sugar in the urine?

YES	NO
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Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

11. Leukemia, anaemia, blood, spleen or bleeding disorders?

YES	NO
-----	----

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

12. Any endocrine, glandular disorders? (e.g. thyroid, Addison's or Cushing's syndrome)

YES	NO
-----	----

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

13. Growth tumour or cancer of any kind, whether benign or malignant?

YES	NO
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Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

14. Congenital mental insufficiency or minimal brain dysfunction?

YES	NO
-----	----

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

15. Ever treated for HIV/AIDS, TB, infectious disease, hepatitis or sexually transmitted diseases?

YES	NO
-----	----

Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

16. Any disorder which may affect the ability to practice your/their occupation? (e.g. chronic fatigue, joints or skeletal problems)

YES	NO
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Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

17. Any connective tissue, autoimmune disorders? (e.g. leprosy, sarcoid, multiple sclerosis, lupus, S.L.E.)

YES	NO
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Beneficiary Name	Condition & date diagnosed	Medication & dose	Are you still on treatment?	Doctor's name

