



# The Methodist Church of Southern Africa

*A Christ healed Africa for the healing of nations*

## ORDER OF EVANGELISM APPLICATION: 2026 FOR 2027

**DOCUMENTATION COMPLETED IN FULL AND WITH ALL ATTACHMENTS MUST REACH EMMU REGISTRAR NOT LATER THAN 31<sup>st</sup> OCTOBER EACH YEAR.**

***Please note that without the following documents application will not be processed***

1. Application form
2. A copy of Identity Document
3. Circuit report
4. Medical Form
5. School of Vocation Certificate
6. Police Clearance
7. Grade 10 or equivalent educational level
8. Local Preacher Certificate
9. Declaration in terms of the POPIA

Please indicate: Full Time Stipendiary

Part Time Stipendiary

**BIBLEWOMAN**

**EVANGELIST**

Male

Female

**PLEASE NOTE!!!!**

**APPLICANTS APPLYING FOR FULL TIME STIPENDIARY CATEGORY MUST BE 48 YEARS OR BELOW IN THE YEAR OF CONFERENCE ACCEPTANCE. APPLICANTS APPLYING FOR PART-TIME STIPENDIARY CATEGORY MUST BE 58 YEARS OR BELOW IN THE YEAR OF CONFERENCE ACCEPTANCE.**

**\*SUPERINTENDENT MINISTER MUST ASCERTAIN THAT PROSPECTIVE CANDIDATES HAVE THE REQUIRED DOCUMENTS AND ALL OTHER REQUIREMENTS AS PER BOOK OF ORDER CHAPTER 14, PAGE 158 – 161 AND 2021 YEARBOOK, CHAPTER 2, PAGE 108 -109 (Resolutions 2.7 & 2.8)**

**\* Forms must be sent by E-mail to the EMMU registrar ( [emmu@mco.org.za](mailto:emmu@mco.org.za)) before 31 October. You are to keep proof of e-mail:**

### CANDIDATE'S DETAILS

**CIRCUIT NAME** \_\_\_\_\_ **CIRCUIT NUMBER** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**FIRST NAMES** \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**ID NUMBER** \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

CELLPHONE NO \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# CIRCUIT REPORT

## SUPERINTENDENT'S DETAILS

Superintendent's name & surname \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Cell \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

## CANDIDATE'S DETAILS

Surname \_\_\_\_\_ Full Names \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Has the candidate been a full & local member of the Methodist Church for at least 2 years? \_\_\_\_\_

Is the candidate a Local Preacher on trial? Since? \_\_\_\_\_ or fully accredited? When? \_\_\_\_\_

***If accredited please attached copy of LP certificate***

CQM: Date \_\_\_\_\_ Vote: Unanimous \_\_\_\_ for \_\_\_\_ against \_\_\_\_ Neutral/Who

has been appointed as Circuit tutor/mentor for this candidate. \_\_\_\_\_

**NB!!!!!!**

## IF APPLYING AS FULL TIME STIPENDIARY

Does the Circuit undertake to register the candidate with MCO and pay all remuneration as prescribed by the Conference? \_\_\_\_\_

**Please note** that the candidate must be registered to MCO and be paid accordingly as soon as s/he is accepted and begins working in the Circuit.

1. What evidence is there of spiritual growth in the candidate? \_\_\_\_\_

\_\_\_\_\_

2. Describe the level of his/her spiritual maturity. Please motivate your comment

\_\_\_\_\_

\_\_\_\_\_

3. Which ministries, organizations or a group is the candidate involved with & in what capacity?

\_\_\_\_\_

\_\_\_\_\_

4. How has s/he enabled others to grow spiritually? Please motivate your comment.

\_\_\_\_\_

\_\_\_\_\_

5. How is the candidate's moral character evident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Why do you believe that the candidate is suitable for the ministry of Bible Women or Evangelists in the Methodist Church?  
\_\_\_\_\_  
\_\_\_\_\_
7. Is the candidate familiar with the doctrines and disciplines of the Methodist Church, and does s/he observe them? Does the candidate fulfil his/her responsibilities (e.g. preaching, etc) faithfully?  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the candidate have a healthy relationship with members, leaders and ministers in the Circuit?  
\_\_\_\_\_
9. Any other comments? \_\_\_\_\_  
\_\_\_\_\_
10. Does the candidate have at least Grade 10 as prescribed by the Order? \_\_\_\_\_

**SUPERINTENDENT**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCUIT STEWARD 1**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCUIT STEWARD 2**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DECLARATION

## In terms of

### PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPIA)

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#### 1. PERSONAL INFORMATION

- 1.1 You understand and accept that, during your candidature process, probation and post commissioning with the Methodist Church of Southern Africa (MCSA), the MCSA is required to collect and process personally identifiable information that may be used in connection with your candidature, probation, post-commissioning, stipend, benefits and other activities conducted by the MCSA from time to time. In particular, the MCSA shall collect, process and use such personal information (including special personal information, photographs and video recordings ) for the following reasons:
  - 1.1.1 to carry out and manage its administrative operations and processes;
  - 1.1.2 Publish your contact details in the MCSA annual yearbook from probation, which is a public record of the MCSA.
  - 1.1.3 to provide benefits and services to its employees and clergy; and
  - 1.1.4 Any other legitimate and legal purposes.
- 1.2 You understand and agree that the MCSA may process and use your personal information in order to carry out and manage the administrative processes of the MCSA, to comply with its legal obligations and to protect its legitimate interests. In particular, you agree that the MCSA or anyone acting on its behalf, shall be entitled to conduct other checks (such as reference and qualification) from time to time, at its discretion and/or on request from third parties.
- 1.3 You agree and undertake to do all things reasonably necessary in order to enable the MCSA or its authorised Employees to carry out the abovementioned checks, including but not limited to, providing a copy of your identity document, a copy of your driver's licence, a fingerprint, the dates and details of the education institutions you attended and any information that is relevant to your credit history.
- 1.4 You undertake to report changes to your personal information in order to keep the data accurate, including without limitation, any changes to your qualifications, marital status, number of dependants, home address and/or telephone number, and any other relevant information.
- 1.5 You understand and agree that your personal information (including special personal information, photographs and video recordings) may, from time to time, be used by the MCSA shared with vendors and donors who process data on behalf of the MCSA, such as payroll providers, medical aid providers and the like.
- 1.6 If you are involved in data processing activities, then, unless authorized to do so, you shall not process, publish, make accessible, or use in any other way any confidential or personal information to which you

have access in the course of your duties, for any other purpose other than the correct fulfilment of the duties assigned to you. You shall also observe the MCSA's regulations regarding the processing and protection of such personal information and/or data to which you have access in the course of your duties, and shall report any infringement relating to the manner in which personal information or other data is processed to the MCSA without delay.

Name and Surname: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICAL EXAMINATION OF CANDIDATES FOR THE ORDER OF EVANGELISM

### CANDIDATE'S DETAILS TO BE FILLED BY DOCTOR

Surname: \_\_\_\_\_ Full names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**MEDICAL HISTORY:** Please record any heredity (familial) or acquired condition or disease that may be of relevance.

<b>HEART AND CIRCULATION</b> Please record: Blood pressure Pulse		
<b>RESPIRATORY SYSTEM</b>		
<b>GASTROINTESTINAL SYSTEM</b>		
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>GENITO-URINARY SYSTEM</b> Including examination for protein or sugar in the urine, which must be voided in the surgery.		

**RECOMMENDATION:** Recommendations to be considered by the Screening Committee, or which require further investigation in the interest of the candidate, would be appreciated.

Please record abnormal findings: \_\_\_\_\_

**SIGNED:** Medical Examiner and Official Stamp \_\_\_\_\_

Qualifications: \_\_\_\_\_

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

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