



NEW ZEALAND  
AOTEAROA

## Calvary Chapel Bible Institute New Zealand - Aotearoa

*Wahi Tapu o Kawari Putahio Paipera o Aotearoa*

**PO Box 750**

**Rotorua 3040**

**New Zealand**

**Email:** admissions@ccbi.ac.nz

**www.ccbi.ac.nz**

# CONTINUING TRAINEE FORM

## BIOGRAPHICAL INFORMATION *(Please print clearly)*

Full Name: *(Last)* \_\_\_\_\_ *(First)* \_\_\_\_\_

*(Middle)* \_\_\_\_\_ SSN/IRD Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ *(Optional)* Age \_\_\_\_\_ Sex \_\_\_\_\_

Occupation or Trade \_\_\_\_\_

### **Current Address: not school address (Street and Box No.)**

\_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

STATE/COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

### **Address over break (Street and Box No.)**

\_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

STATE/COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Phone over break (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### **Current Student Status:**

Current student at CCBC Murrieta, CA

Current student at an Affiliate Campus Campus Location \_\_\_\_\_

Inactive student Last semester attended \_\_\_\_\_ Campus Location \_\_\_\_\_

What semester will you be in when you start at New Zealand Campus? 1<sup>st</sup>\_\_ 2<sup>nd</sup>\_\_ 3<sup>rd</sup>\_\_ 4<sup>th</sup>\_\_

Which semester are you applying for? Which Year?

- A Semester (February through May) 20\_\_\_\_.
- B Semester (September through December) 20\_\_\_\_.

Will you be a full-time student (15 or more credits per semester?) Yes No

**Marital Status:** Married Single Divorced Widowed

If married, do you plan to bring your spouse and family with you? Yes No

Spouse's Name: \_\_\_\_\_ Children's names and ages: \_\_\_\_\_

**PERSONAL INFORMATION** *(This information, as with all of the application, will be held in strict confidence.)*

Are you a vegetarian? Yes No Do you have **any** special dietary needs?

**MEDICAL INFORMATION** *(Use a separate sheet of paper if necessary.)*

Are you in good health? Yes No

When was your last complete physical examination? \_\_\_\_\_

Do you have any physical handicaps? Yes *(Explain)* No

List any major illnesses you have had:

Do you have any communicable diseases? *(Explain)*

Are you presently on medication or under a physician's care *(Explain)*

Have you been or are you presently under psychiatric or psychological care, or been in counseling or psychotherapy? *(Explain)*

Have you ever been hospitalized or admitted to a treatment facility for any reason? If so, where? *(Explain)*

Do you presently have health insurance? Yes No

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Of the following categories, which two do you have the most experience in?

Technology

Coffee shop

Housekeeping

Landscaping/maintenance

working with children

Food service

Does your life currently conform to Biblical standards of morality? *(If not, explain)*

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Is there any habitual sin that affects your walk with God? *(If yes, explain)*

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Are you currently involved in any problematic interpersonal relationships? *(If yes, explain)*

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Have you ever been involved in any non-Christian cult or occult activities? *(If yes, explain)*

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#### **INFORMATION REQUIRED FOR A VISA**

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Do you possess a current passport?                      Yes              No *(If no, you need to apply for one immediately!)*

Issuing Country \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Briefly share what the Lord has been doing in your life recently and any vision or call He has shown you for the future:

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***\*This form must be submitted along with an updated reference form which must be completed either by an individual who has known you for more than one year or by your most recent CM199 Supervisor or Dean of Students.***

***Please also include a current passport sized photo.***

**PRACTICAL CHRISTIAN MINISTRY**

Each semester of full-time enrollment, every student takes a course entitled M199 “Practical Christian Ministry.” The focus of this course is to teach students how to serve the needs of the body of Christ. Each student serves eight hours per week in a practical area of service at the Bible Institute in capacities such as housekeeping, kitchen, landscaping, etc.

**FINANCIAL RESPONSIBILITY**

Full payment of tuition is due and payable during registration hours or on the first day of classes unless other arrangements have been made. Please see the current catalog for the refund policy of the school. I hereby make application to Calvary Chapel Bible Institute; I understand my responsibility for punctual, regular class attendance and the fulfillment of all classroom assignments. I will also cooperate in observing all regulations and upholding the standards of the college. In addition, I also understand that my tuition is due and payable in New Zealand Dollars during the registration hours or on the first day of classes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Please mail application to:***

Calvary Chapel Bible Institute, New Zealand  
PO Box 193  
Te Awamutu 3840  
New Zealand

***Or***

Download, fill out, and email to:

**[admissions@ccbi.ac.nz](mailto:admissions@ccbi.ac.nz)**