



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? 1st ____ 2nd ____ 3rd ____ 4th ____

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

CCBI is a ministry of The Psalm 2:8 Trust Registered Charity Registration Number: CC39375

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)*

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

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

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

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 _____

Authority of Passport *(place issued according to Passport)*

Passport Number _____ Expiration Date _____

Your Mother's Maiden Name _____

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

****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 750
Rotorua 3040
New Zealand

Or

Download, print, fill out, scan and email to:
admissions@cabi.ac.nz