



## INTERNSHIP APPLICATION FORM 2024

### Student Information

Surname	<input type="text"/>	Full Names	<input type="text"/>								
Name	<input type="text"/>	Gender <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Birth <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D				
Home Language	<input type="text"/>	ID Nr	<input type="text"/>								
Email Address	<input type="text"/>										
Cell Phone	<input type="text"/>										
Home Address	<input type="text"/>										
School of Matriculation	<input type="text"/>										
Year of Matriculation	<input type="text"/>										
Religion/Denomination	<input type="text"/>										
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other										
<b>Motor License</b>	<input type="checkbox"/> No / <input type="checkbox"/> Learner's license / <input type="checkbox"/> Driver's License										
<b>Own Vehicle</b>	<input type="checkbox"/> No / <input type="checkbox"/> Yes If YES: <input type="checkbox"/> Car / <input type="checkbox"/> Bakkie / <input type="checkbox"/> Scooter/Bike										

### Parental Information

<b>Fathers' Name &amp; Surname</b>	<input type="text"/>		
ID Nr	<input type="text"/>		
Email Address	<input type="text"/>		
Cell phone	<input type="text"/>	Occupation	<input type="text"/>
Home Address	<input type="text"/>		
<b>Mothers' Name &amp; Surname</b>	<input type="text"/>		
ID Nr	<input type="text"/>		
Email Address	<input type="text"/>		
Cell Phone	<input type="text"/>	Occupation	<input type="text"/>
Home Address	<input type="text"/>		

## Relationship Status

### Family

Parents

☐ Married/ ☐ Divorced

Deceased

☐ Father / ☐ Mother / ☐ Sibling(s)

Relationship with Father

☐ Good/ ☐ Neutral/ ☐ Dysfunctional/ ☐ No Contact

Relationship with Mother

☐ Good/ ☐ Neutral/ ☐ Dysfunctional/ ☐ No Contact

Placement in the Family

(e.g. 2nd of three children)

Number of Siblings

Ages

### Additional Information

### Romantic Relationship Status

☐ Not in a Relationship / ☐ In a Relationship

## Curriculum Vitae

### Attach or Insert a Photo of yourself

### High School (If Applicable)

Academic

Sport

Culture

### Hobbies and Interests

## Personal Questionnaire

Why do you want to do an Internship with Excel?

If you are a Christian, when and how did you receive salvation?

What do you currently intend to do after your Internship with Excel?

Describe your personality

What are your strengths?

What are your weaknesses?

In which areas of your life do you still want to grow?

## The Next Step

1. Email the application form to [info@etta.co.za](mailto:info@etta.co.za) together with the students certified Grade 12 certificate and copy of Identity Card or Phone us for an appointment and bring your application with to the interview (012-3451181)
2. On receiving your application, we will phone you and arrange an interview date. Parents can come with to the interview to receive more detailed information on the course. We will do a telephonic interview for applicants that live far from Pretoria.

### The interview (Selection Requirements)

- Doing an Internship with Excel must be the student's own choice
  - Students with disabilities will be considered on the merit of being able to participate in most of the activities - contact us
  - If selected, you will receive an acceptance document and student number via email.
3. When the student's application is accepted, we will send you the contract to be signed by Excel and yourself whereafter you can enrol in the student online at [www.etta.co.za](http://www.etta.co.za)

**Cost:** The total cost of the NQF5 Internship for the period of 2 years is R 25000 including all the study material, excluding travelling costs outreaches, camps and other extra costs and the final exam (EISA which is estimated R 1000) - Jan: R 1000 registration fee (Payment before we start) + R 24000 or 22 payments of R 1091 = R 25 000.

If you choose the One Year Option it will be R 15 000, and if the student want to complete his/her NQF5 in the next year it will be an additional R 5000 for the second year- R 1000 registration, R1273 X 11 and then R417 X12 for the second year.

## Schedule for 2022

Date:	Description:
Monday, 15 January 2024	Registration and Information Briefing
	First Quarter
	Second Quarter
	Third Quarter
	Fourth Quarter
Dates for outreaches will be communicated	Minimum 2 per Year
	October/November
Classes within school quarters	Every Tuesday evening
Program daily	Monday to Thursday 8h00-13h00
Thursday Evenings	Teenager and Students Ministry
Friday Evening	Teen Ministry

Sundays	Church Ministry
Will be communicated	Annual Church Events
Special courses to be arranged: Emotional intelligence; Career Development, Leadership Development, Spiritual Development	Courses will be in the days or Evenings as arranged with students.

### Contact Details:

### Banking Details:

<b>Tel:</b> 012-3451181(Alzanna Noome(administrator) <b>Cell:</b> 0617844130 (Pastor David Ras (Program Director) 0842028250 <b>Email:</b> <a href="mailto:info@etta.co.za">info@etta.co.za</a> <b>Webpage:</b> <a href="http://www.etta.co.za">www.etta.co.za</a>	Bank FNB Account Name: Excel Theological Training Academy (Pty)Ltd Account Type: Business Cheque Account number: 62863662899 Branch code: 255355 Swift Code: FIRNZAJJ
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# STUDENT MEDICAL FORM 2022

## STUDENT INFORMATION

Name	<input type="text"/>	Surname	<input type="text"/>
Medical Aid	<input type="text"/>		
Membership Number	<input type="text"/>		
Main Member	<input type="text"/>		
ID Number Student	<input type="text"/>		
ID Number Main Member	<input type="text"/>		

## EMERGENCY CONTACTS

Name	<input type="text"/>	Surname	<input type="text"/>
Contact Details	<input type="text"/>		
Name	<input type="text"/>	Surname	<input type="text"/>
Contact Details	<input type="text"/>		
Home Doctor	<input type="text"/>		
Contact Details	<input type="text"/>		

## THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM:

- **Photo copy or a scan of the student's ID document**
- **Photo copy or a scan of the main member's ID document**
- **Photo copy or a scan of Medical Card**

## STUDENT MEDICAL HISTORY

### Any Physical Injuries

### Any Medical Conditions (allergies, chronic illness, etc.)

### Any Disabilities (mentally, physically, etc.)

### Any Disorders (mentally, physically, etc.)

### Has OR is receiving any treatment (medication, psychological, emotional, etc.)

### Please mention all prescription medication of the last year

### Please be thorough with regards to the following information:

- The condition
- Students' personal history
- Prevention
- Management
- Limitations
- Expectations or prognosis
- Medical information (insurances) and emergency contact numbers