



ADVENTURES PTY LTD

Adventure with Purpose



**(O4 Adventures (Pty) Ltd, Registration Number: 2018/386075/07;
HIS Tours & Ministries Registration number:2016/522419/08)**

Dear Applicant,

Thank you for considering the His House Residence program as part of your growth and development. We are excited to get to know you and to mentor you on your journey.

1. Please complete the entire attached application form. Please write legibly in black ink or fill electronically.
2. The form is strictly confidential, and we ask that you complete it honestly and truthfully.
3. Please include copies of the following documents:
 - a. Your ID document.
 - b. ID Document of a parent or legal guardian (if applicant is under 18 years old)
 - c. Proof of address
 - d. Proof of address of a parent / legal guardian (if applicant is under 18 years old)
 - e. Proof of Medical insurance.
 - f. Completed application form.
4. Please submit your completed form and supporting documents to:
info@hishouse.org.za

Kindly contact Sakkie or Leandra Olivier if you need any further information or assistance regarding your application on info@hishouse.org.za alternatively call or whatsapp us on:

Sakkie Oliver: +27 82 901 7507

Leandra Olivier: +27 66 227 1566

Application for Resident program @ HIS House, Blanco, George

| PERSONAL DETAILS OF STUDENT | |
|--|--|
| First Name: | Surname: |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of birth: Age: |
| Citizenship: South African Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student <input type="checkbox"/> | |
| Country of International Student: | |
| ID or Passport number: (Please attach a copy) | |
| Visa number for International Students: | |
| Visa expiry date: | |
| Physical address: | |
| | |
| Contact number: | |

| | |
|---|--|
| Email address: | |
| Date of arrival: | |
| Date of departure: | |
| Current activity: | Student <input type="checkbox"/> Apprentice <input type="checkbox"/> Employed <input type="checkbox"/> other <input type="checkbox"/> Please specify other: |
| Current occupation (if applicable): | |
| Employer (if applicable): | |
| Tertiary institution (if applicable): | |
| Field of study (if applicable) | |
| Do you intent to continue your studies after completion of the 2022 program at His House? | |
| Do you have a driver's licence, and if so, also furnish the code? | |

CHURCH LIFE

| | |
|--|--|
| Home church: | |
| Postal address of church: | |
| Senior Pastor / Minister of Church: | |
| Contact number: | |
| How long have you attended this church? | |
| Have you received any previous missionary/discipleship training? | |
| If yes, please specify: | |
| | |
| | |

We may request a testimonial from your church leader. We will contact him/her personally should this be required, and by signing this application form, you give your consent thereto.

MOTIVATION FOR APPLYING AND FAITH DECLARATION

Describe your reason for wanting to join this program:

| |
|--|
| |
|--|

Indicate your expectations from the program:

1.

2.

3.

Please tell us about your faith:

| |
|--|
| |
|--|

HOBBIES, INTERESTS AND TALENTS

Can you play any musical instrument?

Yes No

If yes, which musical instrument?

If you have any hobbies or interests, please tell us about them

1.

2.

3.

4.

HEALTH AND FITNESS

| | |
|--|--|
| How do you rate your health? | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> |
| Any medical issues that we need to be aware of? | |
| Do you have any physical limitations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide more information | |
| How do you rate your fitness level? | Very fit <input type="checkbox"/> Fairly fit <input type="checkbox"/> Not fit at all <input type="checkbox"/> |
| Do you have any specific dietary requirements – please specify? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you taking any chronic medication – what specifically? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Doctor's name: | |
| Doctor's contact number: | |
| Medical Aid name: | |
| Medical Aid number: (Please attach a copy of medical aid card) | |
| Main member name: (Please attach a copy of main members ID) | |

NEXT OF KIN

| | |
|-------------------------|--|
| First name and Surname: | |
| Relationship: | |
| Contact numbers: | Cell: _____ Work: _____ |
| Email address: | |

PERSON RESPONSIBLE FOR FEES

| | |
|----------------------------|--|
| Name and Surname: | |
| ID number: | |
| Relationship to applicant: | |
| Physical address: | |
| Mobile number: | |
| Work number: | |
| Email address: | |

CONSENT TO USE PERSONAL INFORMATION [POPIA ACT]

For the purposes of this clause consent, the following expressions, terms, or words shall have the meaning set out opposite them and cognate expressions, terms or words shall have a corresponding meaning:

1. "**Applicant**" the person referred to as such in this Application;
2. "**Application**" this application form submitted by the Applicant to the Company for processing;
3. "**Company**" O4 Adventures (Pty) Ltd, a private company with a share capital duly incorporated under registration number 2018/386075/07 in terms of the laws of the Republic of South Africa with registered address at 1812 Maitland Street, Blanco, George, 6530;
4. "**Personal Information**" the personal information of the Applicant, including any of the Applicant's special personal information as referred to in section 26 of POPIA, that will be Processed by the Company for the purposes of this Application, including –
 - 4.1. information relating to the race, gender, sex, pregnancy, marital status, ethnic, origin, colour, sexual orientation, physical or mental health, well-being, disability, religion, conscience, beliefs, culture, language and birth of the Applicant;

- 4.2. the religious or philosophical beliefs of the Applicant;
- 4.3. information relating to the education, medical, financial, criminal or employment history of the Applicant;
- 4.4. any identifying number, symbol, email address, physical address, telephone number, location information, online identifier or other particular assignment to the Applicant;
- 4.5. the biometric information of the Applicant;
- 4.6. personal opinions, views or preferences of the Applicant;
- 4.7. correspondence sent by the Applicant that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence, the views or opinions of another individual about the Applicant; and
- 4.8. the name of the Applicant if it appears with other personal information relating to the Applicant or if the disclosure of the name itself would reveal information about the Applicant; [**Drafting Note: The definition can be limited to the specific personal information that is required for purposes of the Application.**]
5. "**POPIA**" the Protection of Personal Information Act 4 of 2013, as may be amended, varied or substituted, from time to time;
6. "**Processing**" any operation or activity or any set of operations, whether or not by automated means, concerning Personal Information, including –
 - 6.1. the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;
 - 6.2. dissemination by means of transmission, distribution or making available in any other form; or
 - 6.3. merging, linking, as well as restriction, degradation, erasure or destruction of information.
7. The Company undertakes to Process the Personal Information of the Applicant only in accordance with the conditions of lawful processing as set out in terms of POPIA and only to the extent that it is necessary to discharge its obligations and perform its functions for the purposes of processing this Application.

8. The Applicant acknowledges that the collection and Processing of his/her Personal Information is necessary to enable the Company to process this Application.
9. The Applicant irrevocably and unconditionally –
 - 9.1. agrees that he/she is notified of the purpose and reason for the collection and Processing of such Personal Information insofar as it relates to the Company's discharge of its obligations and perform its functions with regard to the processing of this Application;
 - 9.2. consents and authorises the Company to undertake the collection, Processing and further processing of the Personal Information, for the purposes of processing this Application; and
 - 9.3. agrees to the disclosure of his/her Personal Information by the Company to any third party, where the Company has a legal or contractual duty to disclose such Personal Information. The Applicant further agrees to the disclosure of his/her Personal Information for any reason enabling the Company to carry out or comply with any business obligation the Company may have or to pursue a legitimate interest of the Company in order for the Company to perform its business on a day to day basis.
10. The Applicant absolves the Company from any liability in terms of POPIA for failing to obtain the Applicant's consent or to notify the Applicant of the reason for the Processing of any of the Personal Information.
11. The Applicant undertakes to make available to the Company all necessary Personal Information required by the Company for the purposes of processing this Application.
12. The Applicant agrees and consents that the Company may outsource the Processing of his/her Personal Information to third party operators from time to time and transfer his/her Personal Information abroad in accordance with the relevant provisions of POPIA for the purposes set out in this Application.
13. Subject to the provisions of POPIA, the Applicant shall be entitled to request reasonable access to his/her Personal Information held by the Company, and shall further be entitled to request the Company to correct, reduce or delete any of his/her Personal Information held by the Company.
14. The Applicant warrants that all Personal Information that he/she has provided to the Company pursuant to this Application, is true and correct and that he/she voluntarily provides such information to the Company for the purposes of processing this Application.

INDEMNITY

I,

_____ hereby indemnify, O4Adventures Pty Ltd and HIS House, its Leaders, volunteer workers and any staff, against any claim whatsoever arising as a result of my involvement with attending the program and/or travelling to and from any activity required during the program.

Signed: _____

Date: _____

I, understand that in the event of medical treatment being required for the above-mentioned student, every effort will be made to contact your next of kin. However, if they cannot be reached, I give my permission to the leaders and/or senior staff present, to procure medical treatment, including anaesthesia, for my well-being.

Signed: _____

Date: _____

By signing this form, I agree that all the information supplied, to the best of my knowledge, is true and correct.

Thus, signed and agreed on this the _____ day of _____ month _____ year.

APPLICANT'S SIGNATURE: _____

(Signature also confirms consent to furnish the personal information [POPIA] referred to in above).

If student is under the age of 18 the signature of a parent is needed beneath:

I _____ parent / legal guardian of the applicant hereby acknowledges and assume responsibility for this application.

PARENTS SIGNATURE: _____

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT:

*Seingroete
Regards*
SAKKIE OLIVIER
(PhD)



www.reiviloindustrial.co.za

**HIS
HOUSE**

www.hishouse.org.za



www.lifecf.org