



Main Application Form

Welcome to the **INS | The Journey of Sonship** application process. We are thrilled that you are considering joining us at the INS and we trust Father will guide you as you walk through the process of completing the forms and of further considering the INS.

> Application Form Guide

Please complete all of the questions on the application form. If a question doesn't apply to you, write N/A (not applicable) in the space provided. Husbands and wives must complete separate application forms.

> Important

Applications will be received up until 4 weeks prior to the commencement of the school. If you are using the postal/mail system you need to take into account international post/mail time. Applying early will ensure a place in the school since accommodation is limited.

> Non-Refundable Deposit & Final Payment

Once your application has been processed and accepted, a non-refundable deposit of One Thousand New Zealand Dollars (NZ\$1000) per person will be required to secure your place(s). The deposit can either be paid by cheque (for New Zealand residents only), a bank draft in New Zealand Dollars (for foreign applicants) or electronically wired funds through the banking system (relevant details are included in the acceptance package). Accommodation will only be allocated upon receipt of your deposit.

NOTE: All relevant bank charges will be the responsibility of the applicant and need to be taken into account when making the INS. The balance of the school fees is to be received 4 weeks prior to the start of the school, unless otherwise arranged with the school leadership. We will notify each applicant of the balance which is due after receipt of their deposit.

> Declarations

There is an *Emergency Information*, a *Consent for Medical Treatment*, a *Release of Liability*, a *Financial Responsibility Declaration* and a final *Confirmation page* contained within the application. All applicants will be required to bring with them a signed hard copy of this page when they arrive at the school. Please note that New Zealand law regards anyone under the age of 20 as a minor, and thus co-signatories will be required (a parent or guardian for all applicants aged 19 years and under).

> Personal References

Reference Forms, both from your *Pastor/Spiritual Leader* and from a *Friend* who knows you well, along with a *Personal Health Form* will be required as part of the application process. Please request that your referees complete the applicable forms either online (see application page) or by e-mail, post/mail or fax according to the instructions given on the forms. Your application will not be processed before all of these are received.

> Skype Interview

After receiving your application and reference forms, the Registrar will arrange for a personal Skype or telephone interview. Please arrange a Skype address where you can be contacted. Telephone interviews will only be conducted as an exception.

> Passports

All non-New Zealand residents attending this school should have a valid passport with an expiration date of at least 6 months after the conclusion of the school.



> Visas

New Zealand Immigration will allow visitors from most countries to obtain a 3-month visa on arrival at the airport. A copy of your return ticket is necessary. Please check the *New Zealand Immigration website* for visa details pertaining to your country.

NOTE: If you are not able to receive a “visa on arrival” you will need to apply for a visitor’s visa beforehand. Please be mindful that you need to start the visa application process long before the start date of the school. Obtaining your visa is your responsibility.

> Insurance

Medical insurance is compulsory for all international INS participants and is also strongly recommended for all New Zealand participants. Possible comprehensive options include:

- The Banner Group - www.bannergroup.com
- Talent Trust Consultants - www.talent-trust.com

> Submission of Applications

Online *(recommended)*

To apply online simply fill out the forms at www.inheritingthenations.com/application and click the submit button once you’re finished.

Apply by email or post

You can download the forms at www.inheritingthenations.com/application. You can scan the forms and email them to ins@fatherheart.net. If you’d like to submit the forms by post please contact Dass Superamanniam for a postal address at +60 1255 344 60 (*Whatsapp text messages available*).

Required forms:

- INS | Main Application Form
- INS | Personal Health Evaluation Form
- INS | Pastoral/Spiritual Leader’s Reference Form
- INS | Friend’s Reference Form

(One of each for every Applicant)

Optional forms:

- INS | Accompanying Spouse Form *(if applicable)*
- INS | Accompanying Nanny Form *(if applicable)*

NOTE: Your application will only be processed and a Skype/Telephone interview conducted once all of your forms and references have already been received.



INS | Main Application Form

> Identity

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / ____ (dd/mm/yyyy)

Place of Birth: _____ (Town/City, Country)

Please attach a photograph here.

Photographs should be a recent, front facing, passport-sized photo of yourself. If you wear glasses please remove them for the photograph.

> Address

House/Flat Name/Number: _____

Street: _____

City/Town: _____

County/State: _____ Post Code/Zip Code: _____

Country: _____ Email Address: _____

Home Telephone Number: _____ (+ country & area code) Time Zone: _____ (+/- GMT)

Mobile Telephone Number: _____ (+ country & area code)

Skype Name: _____ (for setting up your Skype Interview)

> Passport Details

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / ____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / ____ (dd/mm/yyyy)

> Marital Status

- Single
- Married - Date of Marriage: ___ / ___ / ____ (dd/mm/yyyy)
- Divorced - Date of Divorced: ___ / ___ / ____ (dd/mm/yyyy)
- Widowed - Date Widowed: ___ / ___ / ____ (dd/mm/yyyy)
- Engaged - Date of Engagement: ___ / ___ / ____ (dd/mm/yyyy)
- Separated - Date of Separation: ___ / ___ / ____ (dd/mm/yyyy)
- Remarried - Date of Remarriage: ___ / ___ / ____ (dd/mm/yyyy)

If you are married will your spouse be attending the school?

Yes No

Spouse's Name: _____

NOTE: If your spouse is attending the INS they need to complete a full set of forms. If they are coming to look after your children then they need to complete:

- INS | Accompanying Spouse Form
- INS | Personal Health Form



> Children

Do you have any children accompanying you? If so, please complete the following information for each child. If you have no children, please continue on page 6.

Child #1

First Name: _____ Last Name: _____
Given Name(s): _____
Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____
Place of Birth: _____ (Town/City, Country)
Country of Citizenship: _____ Passport No: _____
Name as listed in Passport: _____
City & Country of Issue: _____
Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)

Child #2

First Name: _____ Last Name: _____
Given Name(s): _____
Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____
Place of Birth: _____ (Town/City, Country)
Country of Citizenship: _____ Passport No: _____
Name as listed in Passport: _____
City & Country of Issue: _____
Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)

Child #3

First Name: _____ Last Name: _____
Given Name(s): _____
Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____
Place of Birth: _____ (Town/City, Country)
Country of Citizenship: _____ Passport No: _____
Name as listed in Passport: _____
City & Country of Issue: _____
Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)



Child #4

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____

Place of Birth: _____ (Town/City, Country)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)

Child #5

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____

Place of Birth: _____ (Town/City, Country)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)

Child #6

First Name: _____ Last Name: _____

Given Name(s): _____

Gender: Male Female Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____

Place of Birth: _____ (Town/City, Country)

Country of Citizenship: _____ Passport No: _____

Name as listed in Passport: _____

City & Country of Issue: _____

Date of Issue: ___ / ___ / _____ (dd/mm/yyyy) Date of Expiry: ___ / ___ / _____ (dd/mm/yyyy)

Accompanying Nanny (See the website for the INS | Accompanying Spouse Form)

First Name: _____ Last Name: _____

Given Name(s): _____ Gender: Male Female

Date of Birth: ___ / ___ / _____ (dd/mm/yyyy) Age: _____ Country of Citizenship: _____



> **Accommodation**

We are offering four different options for housing, Options A, B, C & D (see Accommodation Page on the INS website for more info). Rates are based on a minimum twin-sharing basis. Families will be housed to facilitate their unique needs as best we are able (Option A). Accommodation will be allocated on a first-come first-served basis, and it will only be confirmed after we have received your NZ\$1000 deposit following acceptance. It is therefore to the applicant’s advantage to apply early. It is likely that as the school fills up accommodation options will become increasingly limited.

- Option A (Self Contained Housing)
- Option B (Main Building Accommodation)
- Option C (Shady Heights Hillside Cabins)
- Option D (Dormitory Accommodation)

> **Health & Special Needs**

How would you rate your overall health? Excellent Good Fair Poor

Do you have any physical limitations that would possibly hinder your involvement in the school? Yes No

If yes, please specify: _____

Do you have any special **medical** dietary requirements? Yes No (eg. Allergy to nuts, celiac, vegetarian... etc.)

If yes, please specify: _____

One aspect of living as a family in community necessitates that the INS weekly program include 7.5 to 10 hours per week of work-duties for each participant. Work duties ensure the smooth running and continued comfort of our community for all. Duties might include; cooking, cleaning, gardening and maintenance etc. Do you agree to participate in work duties? Yes No

If no, please specify why: _____

Our location at Orama is remote and living conditions are basic; shared housing, limited services and no public transportation. The facilities are located at the bottom of an uphill gravel driveway (a 35-minute brisk walk) and require a reasonable level of fitness to access local amenities. The nearest village shop is a further 45-minute walk from the mouth of the driveway (Orama has it’s own shop for toiletries, snacks and various sundry supplies). We view Orama’s isolation as a positive attribute. However, do you believe you could live in such a secluded and basic environment for the duration of the school? Yes No

If no, please specify: _____

For further details on the location, please visit the following websites:

- www.orama.org.nz
- www.inheritingthenations.com

> **Criminal Record**

Do you have a criminal record? Yes No

If yes, please specify: _____

Have you ever been convicted or accused of a sexual crime? Yes No

If yes, please specify: _____



> English Proficiency

Proficiency in oral and written English is necessary for you to benefit from the INS. Is English your first language? Yes No

If English is not your first language please indicate your ability in the following skills: (1- not able 6- native speaker)

Spoken English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Understanding spoken English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Written English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Understanding written English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

> Skills/Work Experience

Present Occupation: _____

Other Occupational Skills: _____

Other Talents, Skills or Hobbies: _____

Languages Spoken: _____

> Church Information

Pastor/Spiritual Leader's Name: _____

Church Name: _____

Street: _____

City/Town: _____

County/State: _____ Post Code/Zip Code: _____

Country: _____ Email Address: _____

Office Telephone Number: _____ (+ country & area code) Time Zone: _____ (+/- GMT)

Mobile Telephone Number: _____ (+ country & area code)

> Spiritual Background

Please answer these questions in the space provided.

1. When and how did you come to know Jesus as your Saviour and Lord?



2. Briefly describe your involvement and experience with your church or ministry during the past three years.

3. Have you ever attended an 'A' and/or 'B' School, or any other event with Fatherheart Ministries? Yes No

If yes, then What, When & Where? _____

4. Briefly describe your relationship with your family when you were growing up and at the present time.

5. Briefly describe your current relationship with God in the person of Jesus, Father, the Holy Spirit.



6. Describe how you sense Father has been leading you to apply for the INS? What most influenced your decision to apply?

7. What expectations do you have for the INS?

8. Do you feel called, or is Father leading you to minister within your own nation or to other nations? How did you come to know this?

9. What areas of your personality and/or giftings do you especially enjoy about yourself, and which areas would you love to see develop further?



NOTE: For electronic applications please also print, sign and bring with you a hard-copy of this page. New Zealand law regards anyone under the age of 20 years-old as a minor and therefore the signature of a parent or guardian is also required.

> Emergency Information

Your Name: _____ In case of emergency please contact:

Emergency Contact Name: _____ Relationship: _____

House/Flat Name/Number: _____

Street: _____

City/Town: _____

County/State: _____ Post Code/Zip Code: _____

Country: _____ Email Address: _____

Home Telephone Number: _____ (+ country & area code) Time Zone: _____ (+/- GMT)

Mobile Telephone Number: _____ (+ country & area code)

> Consent For Medical Treatment

In the event of an emergency in which I, or my children (if applicable), are rendered unconscious or incoherent and our nearest responsible relative or guardian cannot be immediately contacted, I hereby agree to the performance of all medical treatment, including anaesthesia and surgery, as the attending nurse or physician may deem necessary.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Release of Liability

On this day ___ / ___ / _____ (dd/mm/yyyy), with the intention of being legally bound, the undersigned hereby releases from liability and agrees to indemnify and hold harmless Fatherheart Ministries and its volunteers and staff, for any and all liability for personal injuries (including death), property loss or damages resulting from activities, travel, overnight housing and accommodation for the INS | The Journey of Sonship. I understand that my participation is strictly voluntary.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Financial Responsibility Declaration

Do you have your complete school fees? Yes No, but I will have No

I understand, confirm and agree to the payment of the required school tuition and fees. I understand that they must be received by Fatherheart Ministries 4 weeks prior to my arrival, unless otherwise arranged with the school leadership. I am aware of my financial obligation for this school and therefore accept full responsibility for all of my fees and personal expenses incurred during my involvement with the INS | The Journey of Sonship.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)

> Confirmation

I confirm, as far as I am aware, that the information given above is correct at the time of completing this application. If there are any changes that would affect any of my answers to the above questions between the date of application and the start of the INS, I will inform Fatherheart Ministries in writing.

Applicant's Signature: _____ Date ___ / ___ / _____ (dd/mm/yyyy)

Parent/Guardian's Signature (if under 20 yrs old): _____ Date ___ / ___ / _____ (dd/mm/yyyy)



Congratulations!

You have now completed your **INS | Main Application Form**.

We also need the following forms from you, all of which can either be completed online (recommended) or downloaded and sent to the registrar by email or post (*preferably by courier*).

INS | Pastor/Spiritual Leader's Reference Form.

To be completed confidentially by your Pastor or Spiritual Leader and submitted/returned directly by them to the Registrar.

INS | Friend's Reference Form.

To be completed confidentially by a friend who knows you well and submitted/returned directly by them to the Registrar.

INS | Personal Health Form.

To be completed by yourself and also submitted/returned to the Registrar.

Optional Forms:

INS | Accompanying Spouse Form (*if applicable*).

To be completed together with a **INS | Personal Health Form** by your spouse.

INS | Accompanying Nanny Form (*if applicable*).

To be completed together with a **INS | Personal Health Form** by your nanny.

*Only when we have received these together with your passport photograph(s), will we contact you to make arrangements for a Skype/ telephone interview. Following your interview, we will process your application quickly and let you know our decision at the earliest opportunity. **On behalf of the Fatherheart Ministries family, may you know the reality of Father's rich presence and blessing.***

- The INS team