



# DEEP END SCHOOL APPLICATION FORM

(Please Note: All applications must be accompanied by a non-refundable Aud\$25. registration fee)

## Personal

Name:

\_\_\_\_\_

First Middle Last

Male:  Female:

Current Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: Same as Above:  : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile (if in Australia): \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Is English your first Language? Yes  No  Do you speak any other Languages? Yes  No

Please indicate other languages: \_\_\_\_\_

Marital Status: Single  Engaged  Married  Separated  Divorced  Remarried  Widowed

If you are married is your spouse also applying to attend the school? Yes  No

Name of Spouse (Your spouse must fill in a separate application form) \_\_\_\_\_

Do you have any children? Yes  No  Please attach children's details to a separate sheet of paper including Names, Birth date, Sex, Passport Number, Expiry Date, Citizenship.

## Education

Give a brief overview of your educational history, including University Degrees, Diplomas, courses, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment

Current Occupation: \_\_\_\_\_ Present Employer \_\_\_\_\_

Name and Phone. ( ) \_\_\_\_\_

YOUR EMPLOYER MAY BE CONTACTED

Occupational Skills (Give a brief overview of your employment history) \_\_\_\_\_

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## Spiritual

When did you accept Christ as your personal Saviour? \_\_\_\_\_

### Testimony:

*Please attach a one to two page testimony of your life that includes the following:*

1. How you came to the decision of making Jesus Lord of your life.,
2. Describe your relationship with your father, mother and close family members past and present.
3. Describe your Childhood and teenage years. Include the spiritual belief system of your family.
4. Please describe your present relationship with the Lord and your spiritual growth. Be as specific as you can (e.g. your prayer life, your struggles, etc.)
5. Comment on your devotional life.
6. What areas of your character do you desire to change and further develop?

Home Church /Denomination \_\_\_\_\_

Pastors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of church \_\_\_\_\_

Does the oversight of your church support you in your decision to apply for entry to the school?

Yes  No

Did you immediately become part of a local church upon conversion? Yes  No

Have you consistently been part of a local church? Yes  No

State your church history: Include church and denominations:

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Have you ever been in any kind of ministry position in a church? Yes  (Please Describe) No

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State any extra Christian Service you have done (include church involvement)

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Do you feel called to a particular area of ministry service? Yes  (Please Describe) No

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Do you play an instrument? Yes  No  Have you had experience leading worship? Yes  No   
If so, what do you play?

Have you ever engaged in any kind of theological training or have you attended a Discipleship Training School? Yes  (Please Describe) No  Did you complete the course? Yes  No

Have you come out of a New Age Background? Yes  No

Do you have a passion to minister to New Age / Postmodern culture? Yes  No

Have you had experience ministering to New Agers? Yes  No

Have you had experience ministering to the Postmodern culture? Yes  No

## Health

Are you allergic to any medications? Yes  No  (If yes please specify)

Do you have a history of mental illness or psychiatric treatment? Yes  No  (If yes please specify)

Do you have any physical impairments, disabilities or health conditions that require special attention including food allergies? Yes  No  (If yes please specify)

Medicare Number: \_\_\_\_\_

## Finances

*Note: We prefer students use option one. However, we realise some applicants are entering a faith venture so therefore we have a second option.*

Tick the option you will pay by:

Option One: Full Fees Upfront by School's commencement date

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Option Two: Half of the Fees on the school's commencement date and the second half on the commencement of the second semester.

## History

*We realise that the following questions are personal. Please be assured that all questions are held in strict confidentiality and are not the basis for school acceptance.*

Have you used any of the following substances?

- Overuse of prescription medication etc
- Excessive Alcohol Use                       Tobacco
- Drugs such marijuana, cocaine, heroin, ice, ecstasy, chemicals etc

If so please explain on an attached sheet , under the heading of History.

1. How recently have you used these substances and in what quantities? What ministry have you had to overcome any addictions? (see next page)
2. If you have had any psychiatric treatment in relation to drug use, please describe treatment received, dates and any lingering difficulties.

Have you ever been involved in any of the following areas?

If so, please explain on an attached sheet, under the heading of History.

Describe: The circumstances, dates and length of involvement and any ministry you have had in relation to your involvement.

1. Other belief systems or occult involvement such as:

- Satanism                       Witchcraft                       Hinduism                       Buddhism                       Islam
- New Age                       Eastern Mysticism                      Gothic                      Christian Cults                      Freemasonry
- Other, please specify: \_\_\_\_\_

2. Heterosexual sin including pornography or sexual immorality. Yes  No

3. Homosexual Activity    Yes  No

4. Eating Disorders            Yes  No

5. Do you have a history of abuse?    Yes  No

- Verbal                       Physical                       Emotional                       Sexual

Have you experienced any of the following?

- Prayer Counselling     Deliverance     Healing Ministry

If so, please describe:

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## Goals and Expectations

What would you like to see happen in and through your life through your participation in the school?

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Are there any areas of your life that you consistently struggle with that you would like help with during the school?

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How did you find out about The Deep End School?

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Why do you think this particular course will be beneficial to you?

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Do you have any body piercing? Yes  No

**Body piercing *is compulsory* at the Deep End School  
and only those students with body piercing will be accepted!**

We're only kidding but we're kidding to make a point. A number of Christian ministries refuse entry to applicants with body piercing or insist that they remove their piercing. So we thought it would be fun to have a school where body piercing was compulsory, but that would be too discriminatory against those who don't. So if you have body piercing, don't worry; we won't tell you to remove it.

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## **Declarations**

### **Acknowledgment of Financial Responsibility**

I confirm that I understand payment of the required school tuition and accommodation fees must be made in accordance with the payment option I have chosen, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with The Deep End School.

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

### **Release of Liability**

I hereby release the Deep End School, it's staff, employees and volunteer assistants from any liability whatsoever arising outof any injury, damage or loss, which may be sustained by me during the course of my involvement with The Deep End School.

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

### **Agreement:**

I understand that any falsification of information on this application is grounds for dismissal at any time.

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






The Deep End School reserves the right to require the dismissal of any student who is considered to be out of harmony with the spirit of this institute.

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## Application Checklist

Please tick each box to ensure that there is nothing you have forgotten.

-  Deep End School Application Form
-  Photograph Attached to Application Form
-  Pastoral Reference Form presented to your Pastor
-  Two Personal Reference Forms Attached to Application
-  Attached Questionnaire
-  Application Fee \$25.00 Australian (make cheques or money orders out to “Deep End School”)

# DEEP END SCHOOL

## PERSONAL REFERENCE FORM # 1

### Applicant's Details (To be completed by the student)

Name:

First

Middle

Last

The applicant, (named above), is applying for entry to the Deep End School. DES is a short term training school that is designed to equip students to minister effectively to New Age/Postmodern culture. The course will introduce students to the kingdom ministry of Jesus and will cultivate a variety of ministry skills that can be developed in the context of New Age/Postmodern culture. The course is a mixture of classroom training and practical outreach. If you would like to learn more about the school please visit us at [www.deependschool.com](http://www.deependschool.com)

As part of the application process DES requires each applicant to obtain two personal references from people who have known the applicant for a minimum of two years. Serious consideration is given to this recommendation, so please complete it carefully and candidly. This reference will be held in the strictest of confidence and will not be viewed by anyone except the staff of The Deep End School. If you would like any more information that is not contained in our website please feel free to email us at [office@deependschool.com](mailto:office@deependschool.com)

Please complete this form and post it to us at: PO Box 1627, Byron Bay NSW, Australia 2481

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_ Years \_\_\_\_ Months

What is your relationship to the applicant? \_\_\_\_\_

How well do you know the applicant?

- Not well (Just by name and sight)                       Casually (A few personal contacts)
- Fairly well (A number of personal contacts)                       Very well (A very close relationship)

What degree of commitment to Christ does the applicant exhibit?

- Highly Committed                       Mostly Committed
- Partially Committed                       Uncommitted

What degree of involvement does the applicant have in their church?

- Highly Involved                       Fairly Involved
- Casually Involved                       Uninvolved

What do you perceive to be the applicant's best qualities? Please include their spiritual giftings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you perceive to be the applicant's personal struggles?

\_\_\_\_\_

\_\_\_\_\_

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Which of the following apply to the applicant? (Please tick)

- |                                       |                                      |  |                                       |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Warm-hearted | <input type="checkbox"/> Devoted     | <input type="checkbox"/> Zealous         | <input type="checkbox"/> Respectful   |
| <input type="checkbox"/> Tolerant     | <input type="checkbox"/> Patient     | <input type="checkbox"/> Kind            | <input type="checkbox"/> Grateful     |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Leader          | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Gentle       | <input type="checkbox"/> Initiator   | <input type="checkbox"/> Truthful        | <input type="checkbox"/> Dependable   |
| <input type="checkbox"/> Self starter | <input type="checkbox"/> Honouring   | <input type="checkbox"/> Servant Hearted | <input type="checkbox"/> Hard Worker  |

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- |   |                                      |                                     |  |
|---|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Apathetic      | <input type="checkbox"/> Bitter      | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Independent     |
| <input type="checkbox"/> Argumentative  | <input type="checkbox"/> Selfish     | <input type="checkbox"/> Critical   | <input type="checkbox"/> Antagonistic    |
| <input type="checkbox"/> Short tempered | <input type="checkbox"/> Flirtatious | <input type="checkbox"/> Lazy       | <input type="checkbox"/> Seeks attention |
| <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Controlling | <input type="checkbox"/> Prideful   | <input type="checkbox"/> Disrespectful   |

Does the applicant smoke or have an ongoing problem with drugs? Yes  No

If Yes Please Describe \_\_\_\_\_

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Has the applicant had a history of mental illness? Yes  No

If Yes Please Describe: \_\_\_\_\_

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Have you observed the call of God on their life for ministry? Yes  No

If Yes Please Describe: \_\_\_\_\_

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Have you observed the call of God on their life for leadership? Yes  No

If Yes Please Describe: \_\_\_\_\_

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Regarding the applicant's spiritual gifts, have you observed them in operation? Yes  No

If Yes Please Describe: \_\_\_\_\_

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Are you aware of any incidents or examples in which the applicant compromised his/her Christian faith or moral integrity? If so please explain. How was it resolved?

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Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character after his/her conversion? If so please explain.

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Do you have any reservations about the applicant attending the Deep End School? Yes  No

If Yes Please Describe: \_\_\_\_\_

Do you recommend the applicant for admission to this training program? Yes  No

How do you think the Deep End School will aid the applicant's development?

Please indicate how the applicant performs in the following areas. If you have not observed the category, please leave it blank. (4 = excellent, 3 = good, 2 = fair, 1 = poor)

<u>Relating to authority:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Class schedule and participation:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Getting along with others:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Relating to unbelievers:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Attitudes to serving:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Leadership skills:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Ability to cope with flexibility:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Additional comments:

Thank you for your co-operation in filling out this reference.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# DEEP END SCHOOL

## PERSONAL REFERENCE FORM # 2

### Applicant's Details (To be completed by the student)

Name:

First

Middle

Last

The applicant, (named above), is applying for entry to the Deep End School. DES is a short term training school that is designed to equip students to minister effectively to New Age/Postmodern culture. The course will introduce students to the kingdom ministry of Jesus and will cultivate a variety of ministry skills that can be developed in the context of New Age/Postmodern culture. The course is a mixture of classroom training and practical outreach. If you would like to learn more about the school please visit us at [www.deependschool.com](http://www.deependschool.com)

As part of the application process DES requires each applicant to obtain two personal references from people who have known the applicant for a minimum of two years. Serious consideration is given to this recommendation, so please complete it carefully and candidly. This reference will be held in the strictest of confidence and will not be viewed by anyone except the staff of The Deep End School. If you would like any more information that is not contained in our website please feel free to email us at [office@deependschool.com](mailto:office@deependschool.com)

Please complete this form and post it to us at: PO Box 1627, Byron Bay NSW, Australia 2481

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_ Years \_\_\_\_ Months

What is your relationship to the applicant? \_\_\_\_\_

How well do you know the applicant?

- Not well (Just by name and sight)                       Casually (A few personal contacts)  
 Fairly well (A number of personal contacts)                       Very well (A very close relationship)

What degree of commitment to Christ does the applicant exhibit?

- Highly Committed                       Mostly Committed  
 Partially Committed                       Uncommitted

What degree of involvement does the applicant have in their church?

- Highly Involved                       Fairly Involved  
 Casually Involved                       Uninvolved

What do you perceive to be the applicant's best qualities? Please include their spiritual giftings.

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What do you perceive to be the applicant's personal struggles?

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Which of the following apply to the applicant? (Please tick)

- |                                       |                                      |  |                                       |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Warm-hearted | <input type="checkbox"/> Devoted     | <input type="checkbox"/> Zealous         | <input type="checkbox"/> Respectful   |
| <input type="checkbox"/> Tolerant     | <input type="checkbox"/> Patient     | <input type="checkbox"/> Kind            | <input type="checkbox"/> Grateful     |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Leader          | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Gentle       | <input type="checkbox"/> Initiator   | <input type="checkbox"/> Truthful        | <input type="checkbox"/> Dependable   |
| <input type="checkbox"/> Self starter | <input type="checkbox"/> Honouring   | <input type="checkbox"/> Servant Hearted | <input type="checkbox"/> Hard Worker  |

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- |   |                                      |                                     |  |
|---|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Apathetic      | <input type="checkbox"/> Bitter      | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Independent     |
| <input type="checkbox"/> Argumentative  | <input type="checkbox"/> Selfish     | <input type="checkbox"/> Critical   | <input type="checkbox"/> Antagonistic    |
| <input type="checkbox"/> Short tempered | <input type="checkbox"/> Flirtatious | <input type="checkbox"/> Lazy       | <input type="checkbox"/> Seeks attention |
| <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Controlling | <input type="checkbox"/> Prideful   | <input type="checkbox"/> Disrespectful   |

Does the applicant smoke or have an ongoing problem with drugs? Yes  No

If Yes Please Describe: \_\_\_\_\_

Has the applicant had a history of mental illness? Yes  No

If Yes Please Describe : \_\_\_\_\_

Have you observed the call of God on their life for ministry? Yes  No

If Yes Please Describe: \_\_\_\_\_

Have you observed the call of God on their life for leadership? Yes  No

If Yes Please Describe: \_\_\_\_\_

Regarding the applicant's spiritual gifts, have you observed them in operation? Yes  No

If Yes Please Describe: \_\_\_\_\_

Are you aware of any incidents or examples in which the applicant compromised his/her Christian faith or moral integrity? If so please explain. How was it resolved?

Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character after his/her conversion? If so please explain.

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Do you have any reservations about the applicant attending the Deep End School? Yes  No

If Yes Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend the applicant for admission to this training program? Yes  No

How do you think the Deep End School will aid the applicant's development?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate how the applicant performs in the following areas. If you have not observed the category, please leave it blank. (4 = excellent, 3 = good, 2 = fair, 1 = poor)

Relating to authority:	1	2	3	4
Class schedule and participation:	1	2	3	4
Getting along with others:	1	2	3	4
Relating to unbelievers:	1	2	3	4
Attitudes to serving:	1	2	3	4
Leadership skills:	1	2	3	4
Ability to cope with flexibility:	1	2	3	4

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your co-operation in filling out this reference.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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What do you perceive to be the applicant's personal struggles?

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Please indicate how the applicant performs in the following areas. If you have not observed the category, please leave it blank. (4 = excellent, 3 = good, 2 = fair, 1 = poor)

Mental Ability:	1	2	3	4
Punctuality:	1	2	3	4
Reliability:	1	2	3	4
Appearance:	1	2	3	4
Initiative:	1	2	3	4
Leadership skills:	1	2	3	4
Finances:	1	2	3	4
Relating to authority:	1	2	3	4
Self Discipline:	1	2	3	4
Getting along with others:	1	2	3	4
Team Work:	1	2	3	4
Relating to unbelievers:	1	2	3	4
Willingness to serve:	1	2	3	4
Physical Condition:	1	2	3	4
Ability to cope with flexibility:	1	2	3	4
Applicants emotional maturity:	1	2	3	4
Honesty:	1	2	3	4
Level of commitment:	1	2	3	4

Which of the following apply to the applicant? (Please tick)

- |                                       |                                      |  |                                       |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Warm-hearted | <input type="checkbox"/> Devoted     | <input type="checkbox"/> Zealous         | <input type="checkbox"/> Respectful   |
| <input type="checkbox"/> Tolerant     | <input type="checkbox"/> Patient     | <input type="checkbox"/> Kind            | <input type="checkbox"/> Grateful     |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Leader          | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Gentle       | <input type="checkbox"/> Initiator   | <input type="checkbox"/> Truthful        | <input type="checkbox"/> Dependable   |
| <input type="checkbox"/> Self starter | <input type="checkbox"/> Honouring   | <input type="checkbox"/> Servant Hearted | <input type="checkbox"/> Hard Worker  |

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- |   |                                      |                                     |  |
|---|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Apathetic      | <input type="checkbox"/> Bitter      | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Independent     |
| <input type="checkbox"/> Argumentative  | <input type="checkbox"/> Selfish     | <input type="checkbox"/> Critical   | <input type="checkbox"/> Antagonistic    |
| <input type="checkbox"/> Short tempered | <input type="checkbox"/> Flirtatious | <input type="checkbox"/> Lazy       | <input type="checkbox"/> Seeks attention |

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Stubborn      Controlling      Prideful      Disrespectful

Do you approve of the applicant attending the Deep End School? Yes  No

If you ticked No please explain why you disapprove? \_\_\_\_\_

Does the applicant smoke or have an ongoing problem with drugs? Yes  No

If Yes Please Describe: \_\_\_\_\_

Has the applicant had a history of mental illness? Yes  No

If Yes Please Describe: \_\_\_\_\_

Does the applicant exhibit a submissive attitude toward leadership? Yes  No

Please describe the gifting that is evident in the life of the applicant, including their spiritual giftings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, has the applicant been involved in any of these areas:

1. Other belief systems or Occult involvement:

Satanism      Witchcraft      Hinduism      Buddhism      Islam

New Age      Eastern Mysticism      Gothic      Christian Cults

Freemasonry       Other: please specify: \_\_\_\_\_

2. Heterosexual sin including pornography or sexual immorality. Yes  No

3. Homosexual Activity Yes  No

4. Eating Disorders Yes  No

5. Other: \_\_\_\_\_

If yes, please comment briefly on what happened and what was done to restore or resolve the behaviour.

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a history of abuse?

Verbal       Physical       Emotional       Sexual

Yes  No  If Yes, please give brief explanation.

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you think we need to know about the applicant? Yes  No

If yes, please describe on a separate piece of paper.

Thank you for your co-operation in filling out this reference.

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