



Calvary Chapel Bible Institute New Zealand - Aotearoa

Wahi Tapu o Kawari Putahio Paipera o Aotearoa

PO Box 193

Te Awamutu 3840

New Zealand

Email: admissions@ccbi.ac.nz

www.ccbi.ac.nz

NEW ZEALAND
AOTEAROA

INTERNSHIP APPLICATION

BIOGRAPHICAL INFORMATION *(Please print clearly)*

Full Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth _____ Sex _____ Occupation or Trade _____

ADDRESS *(Street and Box No.)* _____

CITY _____ STATE/COUNTRY _____ POSTCODE _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Have you previously attended CCBC? Yes No If yes, what year? _____ Which Campus? _____

Have you previously applied for admission to CCBC? Yes No

If Yes, explain: _____

How did you first hear about CCBI New Zealand?

From my Pastor From the Website From the Radio
From a former student From CCB Murrieta Other: _____

Have you seen our:

Info Card Video Pastor's Presentation Webpage Facebook Page

Which semester are you applying for? Which Year?

- A Semester (February through May) 20____.
- B Semester (August through December) 20____.

Will you be a full-time student (18 or more credits per semester?) Yes No

International Students: What is the date of your last TOEFL Test? _____ Score _____

Marital Status: Married Single Divorced Widowed

If married, do you plan to bring your spouse and family with you? Yes No

Spouse's Name: _____

Children's names and ages: _____

For emergency purposes we need the name, address and phone number of a parent, or your nearest living relative:

Name: _____ Phone No. (____) _____

Address: _____

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 _____

Passport Number _____ Expiration Date _____

****The following information is required by New Zealand Immigration.** This section ***MUST*** be completed in order to apply for a NZ1015 Work Visa (This is the Visa you will apply for to attend CCBI-New Zealand, **please do not apply for a student visa!**)

MEDICAL INFORMATION

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 # _____

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 other special dietary needs?

Of the following categories, which two do you have the most experience in?

- Technology
- Coffee shop
- Housekeeping
- Landscaping/Maintenance
- Working with children
- Food service

Are you a current smoker? *(If yes, explain)*

Do you currently drink alcoholic beverages? *(If yes, explain)*

Have you ever or do you currently use any illegal drugs? *(If yes, explain)*

Have you ever been involved in any legal problems? *(If yes, explain)*

Do you have any personal history of violence or abuse towards others, or of sexual immorality? *(If yes, explain)*

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)*

EDUCATION

Please list all schools attended from high school to present.

Name of Institution	Dates of Attendance	Degree/Diploma	Major/Minor
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Please have each of the above institutions send us an official copy of your transcript. If you have college credit, we do not need a high school transcript.

PHOTO

Please attach a photo of yourself when you send in your application.

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 American 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 193
Te Awamutu 3840
New Zealand**

Or

**Download, fill out, and email to:
admissions@ccbi.ac.nz**