CANDIDATING FOR THE ORDAINED MINISTRY
OF WORD AND SACRAMENTS

APPLICATION FORMS FOR

2017
IF YOU ARE MAKING USE OF S A POSTAL SERVICES PLEASE ONLY USE OUR POSTAL ADDRESS:

EMMU – Methodist Connexional Office
Privated Bag X11
Gardenview
2047

COURIER SERVICES FOR “TO DOOR” DELIVERY”

EMMU – Methodist Connexional Office
33 Ernest Oppenheimer Avenue
Bruma
2198
PLEASE ARRANGE DOCUMENTS IN THE SAME ORDER AS IT APPEARS ON THE CHECKLIST AT THE BEGINNING OF THE “PERSONAL QUESTIONNAIRE”.

DO NOT STAPLE DOCUMENTS TOGETHER (use a large paperclip please)

FORMS TO BE RETURNED BY CANDIDATE (before 31 October 2016) TO EMMU:
• Personal questionnaire **AND ALL ATTACHMENTS**
• Circuit Reports
• Statement of Health

PLEASE MAKE USE OF THE **CHECKLIST** ON THE FIRST PAGE OF THE PERSONAL QUESTIONNAIRE TO ENSURE THAT ALL DOCUMENTS ARE INCLUDED AND THAT ALL DOCUMENTS ARE SIGNED AND WITNESSED WHERE REQUIRED

WE DO NOT ACCEPT FAXED OR E-MAILED DOCUMENTS!!!!

INCOMPLETE DOCUMENTATION AND ALL FORMS RECEIVED AFTER 31 OCTOBER 2016 BY EMMU WILL NOT BE PROCESSED.

**NB!!! NB!!! NB!!! NB!!!**

Please complete the following and attach this page to the rest of your application documents

I ______________________________ ID No. ______________________________

have read, understand and accept the information given above.

Signed: ______________________________ Date: ______________________________
REPORT TO BE COMPLETED BY SUPERINTENDENT

SUPERINTENDENT’S DETAILS

Superintendent’s name

Telephone (Work) ___________________________ (Cell) ___________________________

Postal address

Postal Code

E-mail

Circuit Number ____________________________

CANDIDATE’S DETAILS

1. Surname ___________________________ Full names ___________________________

2. Male / female ___________________________ Age ___________________________

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL ("YES" OR "NO" answers are not acceptable!!)

1. How does the candidate demonstrate an understanding of the love of God and of the Gospel of Jesus Christ in her/his daily living?

2. Has the candidate shown any visible signs of spiritual growth since you have known her/him? What “fruit of the Spirit” (Galatians 5:22) does she/he exhibit?
3. How has the candidate enabled others to grow spiritually?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. In which ministries of the church does the candidate participate and in what capacity?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. How is the candidate’s moral and religious character evident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. What unhealthy habits/behaviours do the candidate still need to work on or be assisted with?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Why do you believe the candidate is suitable for the Ordained ministry in the Methodist Church?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. What basic qualities to become an ordained minister does she/he possess? (e.g. love of God and God’s people, integrity, leadership qualities, maturity, intellectual capability etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. What examples can you give of the candidates’ willingness to serve others rather than be served?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
10. Is the candidate familiar with the doctrines and disciplines of the Methodist Church, and does she/he adhere to them? 

________________________________________________________

________________________________________________________

11. How does the candidate exhibit the capability to do intensive theological studies? 

________________________________________________________

________________________________________________________

12. How does the candidate relate to people of diverse backgrounds e.g. age, race, gender etc.? 

________________________________________________________

________________________________________________________

13. Would you as Superintendent, Circuit Stewards and Circuit Quarterly Meeting be glad to receive the candidate as the minister of your circuit? Give reasons to your answer. 

________________________________________________________

________________________________________________________

14. Any other comments? 

________________________________________________________

________________________________________________________

Superintendent:  (Name): ________________________________  

(Signature): __________________ (Date) __________________________

Circuit stewards: (Names): 1. ____________________________ 2. ____________________________  

(Signatures): 1. ____________________________ 2. ____________________________
PERSONAL QUESTIONNAIRE FOR CANDIDATURE FOR MINISTRY OF WORD AND SACRAMENTS

Please take great care with the completion of this form. If you need more space for your answers, please use additional paper.

IF THIS FORM IS NOT COMPLETED IN FULL OR IF ALL ATTACHMENTS ARE NOT INCLUDED, IT WILL NOT BE PROCESSED

ATTACHMENTS

- Superintendent’s letter (reason for re-candidature) refer L&D. Paragraph 4.112
- Police Clearance Certificate
- Circuit Report
- Copy of Local Preacher’s certificate if applicable
- Application Form
- Copy of ID
- ID Photo of candidate
- If applicable, copy of spouse’s ID
- If applicable, child(ren)’s ID or birth certificate(s)
- Explanatory letter and Pastoral Commission Report regarding child/children born outside of present marriage
- If applicable, marriage certificate, divorce decree, death certificate of spouse (if widowed) attach Pastoral Commission Report if divorced
- Copy of Senior Certificate or equivalent
- Copy of academic record of theological studies
- “Statement of Health” must be completed and signed by a Medical Practitioner (ALL candidates must submit this document)
- 2 x Recent Testimonials from colleagues

CIRCUIT NO : ________

1. PERSONAL INFORMATION

1.1 Surname : ____________________________

1.2 First names : ____________________________

1.3 What name do you prefer to be called by ? ____________________________

1.4 Identity Number : ____________________________

Date of birth : Day : ___________ Month : __________________________ Year : ___________ Male / Female ___________

1.5 Marital status : Married / Single / Divorced / Widowed (Circle the one that is applicable) Date of Marriage :  

1.6 Spouse’s first name : ____________________________ Spouse’s Surname : ____________________________

1.7 Spouse’s Identity Number : ____________________________

1.8 Spouse’s date of birth : Day : ___________ Month : __________________________ Year : ___________

1.9 How many children do you have legally dependent on you ? ________ (Please only record legal dependants)

Name : ____________________________ Date of Birth : ____________________________

Name : ____________________________ Date of Birth : ____________________________

Name : ____________________________ Date of Birth : ____________________________

Name : ____________________________ Date of Birth : ____________________________
1.10 Postal address: ____________________________________________________________

________________________________________ Code ____________________________

1.11 Residential address: ______________________________________________________

________________________________________ Code ____________________________

1.12 Telephone: Work ____________________________ Home ____________________________

Cell ____________________________ e-mail ____________________________

1.13 What is your state of health? ____________________________

1.14 Language: (Home) ____________________________ (Other) ____________________________

2  STATUS

2.1 If you are single, have you taken any steps towards marriage? ____________________________

2.2 Have you been divorced? (If yes, give details and attach Pastoral Commission Report) ____________________________

2.3 Give brief details of your family (parents’ names, ages, employment, where they live and their involvement/connection with the church): ____________________________

________________________________________

________________________________________

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2.4 Are your parents or any other family members dependent on you? (If yes, give details) ____________________________

________________________________________

________________________________________

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________________________________________

________________________________________

IF YOU ARE MARRIED:

2.5 Spouse’s surname before marriage: ______

2.6 What is your spouse’s state of health? _________________ Does she/he need to be near a hospital for treatment? ______

If yes, give details: ____________________________

Does he/she suffer from any allergies, or suffer from a disability? _________________ If yes, give details: ____________________________

2.7 Is your spouse employed? ________ In what capacity? ____________________________

2.8 Will your spouse be able to pursue her/his career wherever you are appointed? ____________________________

2.9 Will your spouse accompany you if you are appointed to seminary or in a circuit? ____________________________

2.10 What is your spouse’s attitude to your proposed entry into the ministry? ____________________________

2.11 What does your spouse think would be a church’s expectations of her/his role in the church, and how does he/she respond to that?
IF YOU HAVE CHILDREN:

2.12 Where are your children at school at present?

2.13 Will they accompany you if you are appointed to seminary or in a circuit?

2.14 Are there circumstances/challenges concerning your children which might affect your stationing? If yes, give brief details:

3. SCHOOL, EDUCATIONAL AND OCCUPATIONAL

3.1 Which secondary school did you attend? 

Grade 12 (Senior Certificate) obtained in ___________________ (year) *(Please attach copy of Senior Certificate)*

3.2 Tertiary education: Diploma / Degree obtained? ___________________

*(Please attach copy of Diploma / Degree)*

3.3 Are you studying this year? ______ If yes, give details:

3.4 Employment history (starting with current employment)

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<th>Position held</th>
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3.5 What has been the nature of your relationships with your colleagues? *(Please attach at least 2 testimonials)*

3.6 Have you ever been convicted of a criminal offence or spent time in prison? ______ If yes, please give details on a separate sheet.

3.7 Have you ever been subject to physical abuse? ______ If yes, please give details on a separate sheet.

3.8 Have you ever committed abuse towards another person? ______ If yes, please give details on a separate sheet.

3.9 Have you ever been convicted of such an offence? ______ If yes, please give details on a separate sheet.

3.10 Have you ever been in a motor accident which involved an insurance claim? ______ If yes, please give details on a separate sheet.

3.11 Have you accumulated any pension benefits in your previous employment? 

If yes, give brief details:

3.12 Do you have any outstanding accounts or debts? ______ If yes, please give full details on a separate sheet.

4 RELATIONSHIP TO SOCIAL ENVIRONMENT

4.1 Do you (and your spouse) enjoy close social relationships with other people? Describe.

4.2 Are you involved in any community or social activities outside the life of the church? Give details:

4.3 What hobbies do you have?

4.4 What other career would you pursue if you were unable to enter the ministry? Why?

5. RELIGIOUS BACKGROUND AND ATTITUDES

5.1 Have you been baptised? ______ When? ______ Where? ______

5.2 How long have you been a member of the Methodist Church of Southern Africa?

5.3 Have you ever been a member of another church? ______ Which church? ______ For how long? ______

*(Please use a separate sheet for details.)*
5.4 Give details of your present involvement in the ministry of the church: _____________________________________________________________

5.5 When were you converted to the Christian Faith? _________________________________________________________________

5.6 What are the main aspects of your devotional life? _________________________________________________________________

5.7 What was the most significant experience in your spiritual growth? ______________________________________________________

5.8 In what ways do you press on to Christian perfection? ______________________________________________________________

5.9 When were you first called to preach? _________________________________________________________________

5.10 How did the call to the ministry come to you? _________________________________________________________________

5.11 Why do you feel you must serve God in the Ordained Ministry rather than as a lay person or Local Preacher? ________________

5.12 What do you believe are your particular spiritual gifts for service in the church (e.g. pastor, administrator, etc.)? ________________

5.13 Where do you believe you could best serve the church (e.g. small town, inner city etc.)? ______________________________

5.14 Are you willing to serve in a circuit where there are people of a racial or ethnic group different from yours? ________________

5.15 Are you willing to serve under a Superintendent of another racial group? ______________________________

5.16 Are you willing to serve under a Superintendent or Bishop who is a woman? ________________

5.17 Do you abstain from alcoholic beverages? ________________ What is your attitude to the use of alcohol? ________________

5.18 Are you a tobacco smoker? ________________

5.19 Are you dependent on any habit forming drugs? ________________ What is your attitude to the use of drugs? ________________

5.20 Do you know and understand the Methodist standpoint on issues such as those in the previous six questions? ________________

5.21 Are there any other policies of the Methodist Church on which you would like to comment on? ________________

5.22 Are there any other matters not dealt with in this questionnaire that could help the Church to understand you and plan for your ministry to be effective? ________________

6. READING

6.1 Please list the titles and authors of the most important books you have read (excluding the Bible).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Which one of these is most significant in your preparation for the ministry of Word and Sacrament? ________________

________________________________________________________________________

Signature __________________________ Date __________________________
APPLICATION FORM

I, the undersigned, ___________________________________________ ID No. _______________________

(Full names)

being a Candidate/Transfer In for the ministry of the Methodist Church of Southern Africa understand that my
relationship with the Methodist Church of Southern Africa is a covenantal rather than contractual relationship.
Laws and Discipline para 4.3 states that ‘no legally enforceable contract shall exist at any time between the
Church and any of its Circuits on one hand and a Minister on the other hand, in respect of payment of
stipends, any allowances or any other material benefit in cash or kind, the provision of a station or any
benefit of any kind which may have at any stage accrued to a Minister.’
In terms of Laws and Discipline para 4.17.1 to 4.17.7 I confirm that I will adhere to the following:

1. I will adhere to the Laws and Discipline and all other policies, decisions, practices and usages of
   the Church.
2. I will accept and obey the discipline and decisions of the Conference and the Connexional
   Executive;
3. I will go to whichever Circuit or station I am appointed;
4. I will not malign this Church, its ministers, doctrines or practices;
5. Should I leave the Ministry of this Church for any reason, I will not conduct another ministry in
   the Circuit or area to which I was appointed;
6. Should I leave the Ministry of this Church, I will not encourage any member or adherent of the
   Church to follow me;
7. Should I leave the Ministry of this Church, I will accept the decision of the Connexional
   Executive or of the Presiding Bishop governing the termination of my service and my occupancy
   of Church property.
8. I declare that I will undertake whatever course of training for the ministry the Church may from
time to time determine;

In addition:

9. I understand that I will bear a percentage of the annual cost of my training. The annual cost will
   accumulate to a loan account opened in my name at the Methodist Connexional Office. Repayment of
   the loan may be made annually or as soon as my Seminary training is complete but will in any event begin
   with monthly repayments as a deduction from my stipend once I have been Ordained. I understand that Full Repayment must be made within four years of Ordination. The percentage of the Ministerial training costs to be borne by me will be determined by the
   Connexional Executive or Conference from time to time. This amount is currently 30% of the
cost per probationer in their respective phases of training and the amount will be reflected in
Para. 5.10.4.2 of the Yearbook annually.

10. I declare that if I should resign or be dismissed for any reason from the ministry of the Methodist
    Church of Southern Africa, I will repay to the Methodist Church the total cost of my training, less
    any amount which has been paid in terms of the paragraph 9 above, provided that for each
    completed year of service after my ordination my indebtedness to the church will reduce by one-
    fifth, so that after five years of ordained service I shall not be required to repay any of the costs
    of my training.
11. I acknowledge that I am encouraged to transfer any existing pension fund accumulation in my name to the Methodist Supernumerary Fund.

12. I understand that residential accommodation at the Seminary is fully furnished. As such I accept that I am not permitted to take any furniture to Seminary other than TV, microwave oven, hair dryer, toaster and kettle. These items are to be transported at my own cost.

13. I furthermore understand that I will not receive any financial assistance from the church whilst at Seminary to service any existing debts.

Candidate’s Signature: ___________________________ Date: ___________________________

Superintendent Signature: ___________________________ Date: ___________________________

WITNESS:

Name: ______________________________________ Signature: ___________________________

Date: ___________________________
# Statement of Health

**MEDICAL EXAMINATION OF CANDIDATE FOR THE MINISTRY AND TRANSFERS-IN**

This questionnaire forms part of the process of determining the health status of Candidates for the Christian Ministry. Kindly therefore complete this form and have it also completed by a Medical Practitioner. Incomplete forms will be returned to you.

Section 1: Personal Particulars (to be completed by Candidate) **PLEASE PRINT**

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<tr>
<th>1. Principal Applicant</th>
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<td><strong>Title</strong></td>
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<th>2. Spouse</th>
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<td><strong>Title</strong></td>
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<td><strong>First name(s)</strong></td>
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<td><strong>Maiden Name</strong></td>
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<td><strong>ID Number</strong></td>
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<th>3. Other Dependants – Children (List in order of age: oldest first)</th>
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<td><strong>First name (s)</strong></td>
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<td><strong>Marital status</strong></td>
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**Physical Address**
(Domicilium citandi et executandi)

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<th>Code</th>
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**Postal Address**
(if different from above)

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<th>Code</th>
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**Telephone**
(H | Cellular)

**Email**
Section 2: Medical Particulars and Declaration (to be completed by Candidate)

PRE-EXISTING CONDITIONS AND DECLARATIONS

1. I confirm that my spouse, children and I are in good health except in respect of items referred to below.
2. I consent to undergo a medical examination.
3. To the extent that I, my dependants suffer from any particular ailment, disease, disorder, condition or disability, I shall provide details as required.
4. The answers to be given herein are full, complete and true.
5. I realize that I must submit evidence of the good health of myself and my dependants and that benefits may be limited or excluded in respect of any particular ailment, disorder, condition or disability which existed on my admission date.

………………………………………
SIGNATURE

Section 3: Statement of Health

1. Principal Spouse/Partner Adult Dependant Adult Dependant
   
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<th>Name</th>
<th>Height</th>
<th>Weight</th>
<th>Exercise Regime?</th>
<th>Type of exercise</th>
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<td>m</td>
<td>Kg</td>
<td>YES</td>
<td>NO</td>
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</table>

   | Alcohol Consumed |
   | YES | NO | YES | NO | YES | NO | YES | NO |

   | Smoking? |
   | YES | NO | YES | NO | YES | NO | YES | NO |

   | If no, any smoking in the last 12 months? |
   | YES | NO | YES | NO | YES | NO | YES | NO |

   | Current Doctor |
   | Phone Number |

Section 4: Health Questionnaire

Failure to disclose pre-existing conditions could limit and/or exclude certain benefits or result in termination of your membership.

If the nature of any ailment of yours or your dependants is of such a sensitive nature that confidentiality is required, you may use a sealed envelope enclosing all relevant documentation that will give the administrators insight and full understanding of the condition. This sealed envelope may be attached to this application form or may be submitted directly to the Scheme within 14 days of this application.

Have you or your dependants ever had any of the following: If yes to any of the questions, please provide full details. You may also attach any relevant documentation and additional pages if you need more space.

1. Any disorder of the heart, blood vessels or circulatory system? (e.g. high blood pressure, chest pain, heart murmurs, palpitations, coronary thrombosis, shortness of breath, stroke, raised cholesterol, calf cramps during light or moderate pace walking)

<table>
<thead>
<tr>
<th>Beneficiary Name</th>
<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
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YES | NO
2. Respiratory or lung trouble? (e.g. asthma, bronchitis, persistent cough, tuberculosis, or coughing of blood)  

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<th>Beneficiary Name</th>
<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
<th>Doctor’s name</th>
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3. Disorder of the digestive system, abdomen or liver? (e.g. gastric/duodenal ulcer, recurrent indigestion, hernia, hepatitis, rectal bleeding)  

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<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
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4. Disease or disorder of the kidneys, bladder or reproductive organs? (e.g. stones, 2. Respiratory or lung trouble? (e.g. asthma, bronchitis, persistent cough, tuberculosis, or coughing of blood)  

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<th>Beneficiary Name</th>
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5. Any nervous, mental, neurological complaint or psychiatric conditions? (e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety or depression)  

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<th>Beneficiary Name</th>
<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
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6. Ear, eyes, throat or nose disorder? (e.g. defective vision, deafness and recurrent tonsillitis)  

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<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
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7. Disorder or disease of muscles, bones, joints, limbs or spine? (e.g. rheumatism, arthritis, gout, slipped disc or any other back or neck trouble)  

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<th>Beneficiary Name</th>
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<th>Medication &amp; dose</th>
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8. Skin disorders? (e.g. psoriasis, dermatitis or eczema)  

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9. Any hereditary or congenital conditions? (e.g. porphyria)  

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10. Diabetes or sugar in the urine?

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11. Leukemia, anaemia, blood, spleen or bleeding disorders?

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12. Any endocrine, glandular disorders? (e.g. thyroid, Addison's or Cushing's syndrome)

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<th>Beneficiary Name</th>
<th>Condition &amp; date diagnosed</th>
<th>Medication &amp; dose</th>
<th>Are you still on treatment?</th>
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13. Growth tumour or cancer of any kind, whether benign or malignant?

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14. Congenital mental insufficiency or minimal brain dysfunction?

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15. Ever treated for HIV/AIDS, TB, infectious disease, hepatitis or sexually transmitted diseases?

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16. Any disorder which may affect the ability to practice your/their occupation? (e.g. chronic fatigue, joints or skeletal problems)

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17. Any connective tissue, autoimmune disorders? (e.g. leprosy, sarcoid, multiple sclerosis, lupus, S.L.E.)

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18. Have any of your immediate family or any of your dependants immediate family suffered or died from diabetes, heart disease, HIV/Aids, TB, high blood pressure, raised cholesterol, mental or any hereditary disease? If “yes” please state age of relative and type of disease.

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19. Are you or any of your dependants currently undergoing, or anticipating any specialist dental treatment, eg orthodontic, periodontic, prosthodontic, maxillo facial procedures or treatment for impacted wisdom teeth?

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20. Are there any other conditions or symptoms, whether diagnosed or not, which are not detailed above, for which medical advice, diagnosis, care or treatment has been recommended, received, or could potentially result in a medical claim within the next 12 months?

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21. Are you or one of your dependants pregnant?

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<tr>
<th>Beneficiary Name</th>
<th>How many weeks?</th>
<th>Any complications?</th>
<th>Are you still on treatment?</th>
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Section 5: Comments by Medical Practitioner

If, as part of the medical examination, the answer to any of the above is YES the following details are to be provided by your General Practitioner or Specialist.

1. Name
2. Diagnosis
3. Cause
4. Date of onset
5. Treatment
6. Prognosis
7. Further treatment expected
8. Name of Practitioner(s)
9. Address of Practitioner(s)
10. Telephone number of Practitioner(s)

Signed: Medical Practitioner ..............................
Qualifications .............................................
Date ..............................

Comments of the Screening Committee of the Education for Ministry and Mission Unit


