

MIL

Application 2026

THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA



NATIONAL OFFICE

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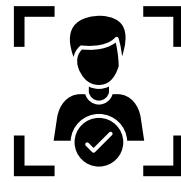
■ Ministry Integrated Learning (MIL) Application Form 2026

EDUCATION AND TRAINING DIRECTORATE

Ministry Integrated Learning (MIL) Coordinator
Email: mil@afm-ags.org | Website: www.milafm.co.za

Must be fully completed by all relevant parties and submitted by **15 August 2025** by the Regional Secretary to the MIL Coordinator at mil@afm-ags.org.

ATTACH A
RECENT ID
PHOTO HERE



Full Name/s &

Surname of :

Applicant

ID Number :

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■ SECTION A – PROCEDURE

Please note that this application is confidential

1. **Closing date by which applications must be at the MIL Coordinator's office: 15 August 2025. The Regional Secretary must forward it to: mil@afm-ags.org**
2. There is only one intake at the beginning of each year. Late applications received after 15 August 2025 may be at risk of not being invited to the October 2025 interviews and being approved by the November 2025 NLF, with the implication of MIL participation being postponed for a year (to 2027).
3. The application must be completed in the following order:
 - a. The candidate completes in full; Sections B to D and G;
 - b. The candidate is to approach the preferred Coach/Mentor and Assembly Governing Body to obtain their consent by completing Sections E and F;
 - c. The candidate must hand the completed application to the respective Senior Pastor/Leader of the assembly to oversee that the Governing Body completes Section H;
 - d. The Senior Pastor/Leader must then complete Section I, and hand the application to the Regional Leader/Secretary; and
 - e. The Regional Leader/Secretary must oversee that the Regional Committee interviews the candidate and completes Section J. The Regional Committee's Secretary is then to send the entire completed application to The MIL Coordinator, at mil@afm-ags.org.
4. Attach certified copies of all qualifications and transcripts to the application form. Foreign applicants must obtain proof of evaluation of their highest standard results/certificates from the South African Qualifications Authority (SAQA) in Pretoria.
5. Copies of the following certified documents should be included:
 - a. Copy of Theological Qualification/s;
 - b. Copy of ID document;
 - c. Copy of SAQA Letter (Foreign Applicants); and
 - d. Copy of passport & study permit (Foreign Applicants).
6. If your application is approved by the November 2025 NLF meeting, a registration fee of R3,500.00 has to be paid by 25 Jan 2026, beneficiary: AFM Seminary, ABSA, Acc. No. 1000710764, Branch code 632-005. Use 'MIL' and your name as reference. This fee will cover the prescribed books, materials handed out at workshops as well as refreshments and meals during workshops.



Please e-mail proof of payment to MIL Coordinator to mil@afm-ags.org.

■ SECTION B: PERSONAL DETAILS

Full Names	:												
Surname	:												
ID Number	:												
Title	:	Mr :	<input type="checkbox"/>	Mrs :	<input type="checkbox"/>	Ms :	<input type="checkbox"/>	Rev :	<input type="checkbox"/>	Dr :	<input type="checkbox"/>	Other (specify) :	<input type="text"/>
Nationality	:												
Gender	:	Male :	<input type="checkbox"/>	Female :	<input type="checkbox"/>								
Home Language :	Afrikaans	<input type="checkbox"/>	IsiXhosa	<input type="checkbox"/>	Sesotho	<input type="checkbox"/>	Tshivenda	<input type="checkbox"/>					
	English	<input type="checkbox"/>	IsiZulu	<input type="checkbox"/>	Setswana	<input type="checkbox"/>	Xistonga	<input type="checkbox"/>					
	IsiNdebele	<input type="checkbox"/>	Sepedi	<input type="checkbox"/>	SiSwati	<input type="checkbox"/>	Other (specify)	<input type="text"/>					
Marital Status	:	Married :	<input type="checkbox"/>	Single :	<input type="checkbox"/>	Divorced :	<input type="checkbox"/>	Re-Married :	<input type="checkbox"/>	Widowed :	<input type="checkbox"/>		
Residential Address	:								Postal Code				
Postal Address	:								Postal Code				
Contact Details	:	Home :				Work :							
	Cell :				E-mail :								

THEOLOGICAL QUALIFICATIONS

List all Theological qualifications you have previously obtained:

	Certificate Diploma Degree:	Year:	Institution:	Student No.:
1.		DD/MM/YY		
2.				
3.				

State the Theological qualifications you are currently busy with:

	Certificate Diploma Degree:	Institution:	Will you be able to finish by the end of 2025?	Student No.:
4.				
5.				

Other Higher Education Qualification/s:

List all other Higher Education qualifications from the highest to the lowest:

Certificate Diploma Degree:	Year: DD/MM/YY	Institution:	Student No.:
1.			
2.			
3.			
4.			
5.			

Current Occupation: Full-time Student : Part-time Student :

Unskilled Worker : Skilled Worker :

Professional : Other (specify) :

List all your secular work experience:

NAME OF EMPLOYER:	POSITION:	PERIOD WORKED:
1.		
2.		
3.		
4.		
5.		
6.		

Do you hold Ministerial credentials? Yes : No :

If yes, with which church denomination / affiliation:

Do you presently hold an official position in your local church? Yes : No :

If yes, specify:

In which other ways and for how long, have you been involved in local church ministry and/or any other type of ministry?

MINISTRY:	WHERE/LOCATION/ ASSEMBLY POSITION:	PERIOD OF MINISTRY:
1.		
2.		
3.		
4.		

In which area(s) of ministry do you sense a special passion and calling?

Evangelist Missionary Pastor Apostle/Church Planter

Youth Children Welfare Worship

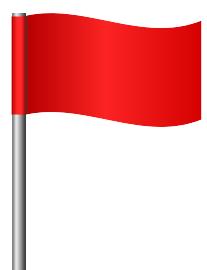
Other (specify):

What is the name of the Denomination/Church affiliation to which you belong?

Name of assembly you belong to:

AFM members, please indicate the AFM region/network under which your AFM assembly resorts:

<input type="checkbox"/> Abundant Life Network	<input type="checkbox"/> Missio Dei Network
<input type="checkbox"/> Better Life Network	<input type="checkbox"/> Mpumalanga Rising Sun Region
<input type="checkbox"/> Boland Region	<input type="checkbox"/> Mpumalanga South Region
<input type="checkbox"/> Central Gauteng Region	<input type="checkbox"/> Northern Cape Region
<input type="checkbox"/> Central North West Region	<input type="checkbox"/> Northern Free State Region
<input type="checkbox"/> Doxa Deo Network	<input type="checkbox"/> Northern KwaZulu Natal Region
<input type="checkbox"/> Durban Central Region	<input type="checkbox"/> North West Region
<input type="checkbox"/> Durban Network Region	<input type="checkbox"/> Oikos Bedieningsnetwerk
<input type="checkbox"/> Eastern Cape Region	<input type="checkbox"/> Polokwane Region
<input type="checkbox"/> East Rand Region	<input type="checkbox"/> Ophir Network
<input type="checkbox"/> Eastern Free State Region	<input type="checkbox"/> Rustenburg Platinum
<input type="checkbox"/> Ekuphumleni Region	<input type="checkbox"/> Southern Free State Region
<input type="checkbox"/> Far North West Region	<input type="checkbox"/> South Gauteng Region
<input type="checkbox"/> Familia Dei Network	<input type="checkbox"/> South Peninsula Region
<input type="checkbox"/> Free State Koinonia Network	<input type="checkbox"/> South Western District Region
<input type="checkbox"/> Instruo Network	<input type="checkbox"/> Soutpansberg Region
<input type="checkbox"/> Kei Region	<input type="checkbox"/> Umzimvubu Region
<input type="checkbox"/> Gauteng North Network	<input type="checkbox"/> West Coast Region
<input type="checkbox"/> KwaZulu Natal Midlands Region	<input type="checkbox"/> Western Cape Region
<input type="checkbox"/> KwaZulu Natal North Coast Region	<input type="checkbox"/> West Gauteng Region
<input type="checkbox"/> KwaZulu Natal South Coast Region	<input type="checkbox"/> Woord en Lewe Network
<input type="checkbox"/> Lowveld Region	<input type="checkbox"/> Zululand Region
	<input type="checkbox"/> Uncertain



Senior Pastor : [REDACTED] Tel. No. : [REDACTED]

Since what date are you a member of this assembly? [REDACTED] DD/MM/YY

Which assembly did you attend before this one? [REDACTED]

Why did you leave that assembly? [REDACTED]

Why do you want to do MIL? [REDACTED]

Testimony of your personal conversion: [REDACTED]

Date of Baptism : [REDACTED] DD/MM/YY Place : [REDACTED]

Have you been baptised in the Holy Spirit with the evidence of speaking in tongues? Yes : [REDACTED] No : [REDACTED]

If yes, give a description of how and what happened : [REDACTED]

Date : [REDACTED] DD/MM/YY Place : [REDACTED]

Explain how you discovered your call to ministry: [REDACTED]

Are you using any form of tobacco? Yes : No :

If yes, specify :

Are you consuming alcoholic beverages of any type, outside of the Holy Communion?

Yes : No :

If yes, specify :

Are you using any form of illegal drugs or abusing prescribed drugs? Yes : No :

If yes, specify :

Have you ever attempted suicide? Yes : No :

If yes, specify :

Have you been involved in a heterosexual or homosexual relationship/affair outside of a heterosexual marriage the past three years?

Yes : No :

If yes, specify :

Have you been counselled in the last twelve months concerning personal, psychological or family problems?

Yes : No :

If yes, specify :

If you have ever had a Civil or Criminal Proceeding initiated against you, please indicate whether you have been found guilty or not and give details:

If you ever have been declared insolvent or placed under administration, please give details:

If you currently have any other judgments against you, please give details:

If you have been divorced, please give details as well as supply a copy of the divorce letter/agreement:

If you ever have been involved in some or other church-related disciplinary proceedings against you (assembly/regional/national), please give details:

Indicate your physical condition by marking the applicable block:

	EXCELLENT	GOOD	FAIR	POOR
General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, please specify diagnosis and chronic medication:

If you do have any physical disabilities, please specify:

Specify any allergies:

List at least three relatives/friends to be notified in case of emergency:

NAME:	RELATIONSHIP:	TELEPHONE NUMBER:

■ SECTION C: SPOUSE/FIANCÉ INFORMATION

(to be completed by the spouse/fiancé of candidate applying for MIL)

Full Names :

Surname :

ID Number :

Title : Mr : Mrs : Ms : Rev : Dr : Other (specify) :

Date of marriage (state anticipated date if engaged): DD/MM/YY

Nationality :

Gender : Male : Female :

Home Language : Afrikaans IsiXhosa Sesotho Tshivenda
 English IsiZulu Setswana Xistonga
 IsiNdebele Sepedi SiSwati Other (specify)

State your relationship with candidate : Spouse : Fiancé :

Residential Address : Postal Code

Postal Address : Postal Code

Contact Details : Home : Work :
 Cell : E-mail :

Denomination : Assembly :

Highest education attained:

- Primary School
- Secondary / High School
- Certificate / Diploma
- Bachelor's Degree
- Honours Degree
- Master's Degree
- Doctorate

Current Occupation:

- Full-time student
- Part-time student
- Unskilled worker
- Skilled worker
- Professional
- Other (specify) :

Are you born again? Yes : No :

Have you been filled with the Holy Spirit with the evidence of speaking in tongues? Yes : No :

Are you in agreement with your spouse's decision to participate in the MIL programme? Yes : No :

In which other ways and for how long, have you been involved in local church ministry and/or any other type of ministry?

MINISTRY:	WHERE/LOCATION/ ASSEMBLY POSITION:	PERIOD OF MINISTRY:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
.		

Dependents for which you and your spouse/fiancé are responsible:

SURNAME:	NAME:	AGE:	DATE OF BIRTH: DD/MM/YY	RELATIONSHIP:
1.				
2.				
3.				
4.				
.				

If you have ever had a Civil or Criminal Proceeding initiated against you, please indicate whether you have been found guilty or not and give details:

If you ever have been declared insolvent or placed under administration, please give details:

If you currently have any other judgments against you, please give details:

If you have been divorced, please give details as well as supply a copy of the divorce letter/agreement:

If you ever have been involved in some or other church-related disciplinary proceedings against you (assembly/regional/national), please give details:

■ SECTION D : PREFERENCE TOWARDS COACH/MENTOR AND ASSEMBLY

Please note that a Coach/Mentor and Assembly assisting with the facilitation of MIL have to subscribe to certain criteria as per the MIL Structure and Policy. It is the responsibility of the MIL applicant to make sure that the Coach/Mentor and Assembly Governing Body receive a copy of the MIL Structure and Policy.

Name of proposed Coach/Mentor:

Postal Address :

Postal Code

Contact Details : Home :

Work :

Cell :

E-mail :

Name of AFM Assembly :

Postal Address :

Postal Code

Contact Details : Office :
of AFM
Assembly

Fax :

Cell :

E-mail :

Indicate where you would prefer to attend your MIL workshops:

Cape Town :

Durban :

Pretoria :

East London:

If you will be working full-time within an assembly during the MIL period (not doing a secular job simultaneously), you will be deemed a full-time candidate and be able to complete the MIL programme within one year. However, if you simultaneously occupy a secular position, you will be deemed as a part-time candidate and required to complete your MIL programme over a period of 24 months, serving in a local assembly for at least 20 hours per week.

Indicate whether you will be a full-time or part-time MIL candidate:

Full-time :

Part-time:

■ SECTION E : GOVERNING BODY CONSENT TO FACILITATE MIL PROGRAMME

This must be completed by the Secretary of the local assembly's Governing Body which is willing to accommodate the applicant for the MIL programme under the coaching and mentoring of the Senior Pastor, or another designated AFM-ordained pastor within the assembly.

The Governing Body and Senior Pastor or other ordained pastor have the responsibility to familiarise themselves with the MIL Structure and Policy before this section is completed.

Name of Governing Body Secretary:

Contact Details : Home :

Work :

Cell :

E-mail :

Date of Governing Body meeting when this application was discussed: DD/MM/YY

Signed on behalf of the Assembly's Governing Body as per the meeting held on:

Date : DD/MM/YY

Name of Secretary:

Signature of Secretary:

■ SECTION F : CONSENT OF PASTOR TO BE A MIL COACH/MENTOR

This must be completed by an AFM-ordained Pastor who consents to and is allowed by his/her local assembly's Governing Body to coach and mentor the applicant for the duration of the MIL programme.

The AFM-ordained pastor has the responsibility to familiarise himself/herself with the MIL structure and Policy before this section is completed.

Name and Surname:

Contact Details : Home :

Work :

Cell :

E-mail :

Date :

DD/MM/YY

Signature :

■ SECTION G : DECLARATION

By signing this form, I declare that if I am accepted by the AFM as a MIL candidate, I will abide by the Constitution of the AFM as well as the MIL Policy and rules. I ALSO DECLARE THAT I HAVE READ AND UNDERSTOOD THE NLF'S MIL POLICY AND THAT I WILL ADHERE TO THE GUIDELINES AND INSTRUCTIONS THEREIN.

I further declare that I am aware the AFM of SA is under no obligation to allow me into the Ministry Integrated Learning (MIL) programme towards ordained ministry or place me in the ministry after the successful completion of the MIL programme.

I hereby declare that (including my parents and/or dependents) shall not institute any claim of any nature whatsoever against the AFM and/or its employees who act within their employment capacity for any loss or damage that I may suffer in person or in respect of any property of mine or which may arise directly or indirectly from my commitment as a MIL candidate during workshops and/or practical training regardless of the manner in which such loss or damage may have occurred and regardless of who/what may be responsible.

I also undertake to participate in any activity that I am expected to participate in, of my own accord and at my own risk.

Should I be injured to such an extent that I cannot personally give consent to any medical treatment or medical intervention for which I may be in dire need of, the supervisory staff of the AFM may sign the necessary letters of consent on my behalf and will for my own cost.

I understand that the terms of this indemnity shall remain in force for the duration of my MIL programme. I further understand that if I breach any of the rules or policies of the MIL programme, disciplinary action may be taken against me, which might include immediate cancellation of my candidature and I will still be accountable for all monies owed to the AFM, where applicable.

The lifestyle required for continued enrolment in the AFM's MIL programme reflects the fact that in order for a person to assume a leadership role in the Christian Ministry, the highest standards of personal conduct are expected. This demands abstaining completely from the following:

- Sexual relations of all types outside of a heterosexual marriage relationship;
- Sexual stimulation images or content (internet, movies, TV, magazines, or books); and
- Use of tobacco, alcohol, or illegal drugs (or abuse of prescription drugs).

As evidence that you understand and affirm the AFM position in this matter of personal lifestyle, your signature below confirms your endorsement and that any breach thereof may lead to disciplinary action.

Date : DD/MM/YY

Applicants Signature :



Give this original completed application form to your Senior Pastor/Assembly Leader that will see to it that the Assembly Governing Body will do their part. After they have completed their part, the Senior Pastor/Assembly Leader will complete his/her part and pass it on to the Regional Leader/Secretary who will see to it that the Region/Network Committee will interview you and send the application to the MIL Coordinator for processing before 15 August 2025.

■ SECTION G : GOVERNING BODY RECOMMENDATION

This section must be completed by the Governing Body where the applicant is currently a worshipping member. An interview by the Governing Body with the candidate is recommended.

This document is CONFIDENTIAL and must not be returned to the applicant after completion, but forwarded directly to the Senior Pastor/Assembly Leader.

Name of assembly:

AFM Region/Network:

<input type="checkbox"/> Abundant Life Network	<input type="checkbox"/> Familia Dei Network
<input type="checkbox"/> Better Life Network	<input type="checkbox"/> Free State Koinonia Network
<input type="checkbox"/> Boland Region	<input type="checkbox"/> Instruo Network
<input type="checkbox"/> Central Gauteng Region	<input type="checkbox"/> Kei Region
<input type="checkbox"/> Central North West Region	<input type="checkbox"/> Gauteng North Network
<input type="checkbox"/> Doxa Deo Network	<input type="checkbox"/> Kwazulu Natal Midlands Region
<input type="checkbox"/> Durban Central Region	<input type="checkbox"/> Kwazulu Natal North Coast Region
<input type="checkbox"/> Durban Network Region	<input type="checkbox"/> Kwazulu Natal South Coast Region
<input type="checkbox"/> Eastern Cape Region	<input type="checkbox"/> Lowveld Region
<input type="checkbox"/> East Rand Region	<input type="checkbox"/> Missio Dei Network
<input type="checkbox"/> Eastern Free State Region	<input type="checkbox"/> Mpumalanga Rising Sun Region
<input type="checkbox"/> Ekuphumleni Region	<input type="checkbox"/> Mpumalanga South Region
<input type="checkbox"/> Far North West Region	<input type="checkbox"/> Northern Cape Region

<input type="checkbox"/>	Northern Free State Region	<input type="checkbox"/>	South Peninsula Region
<input type="checkbox"/>	Northern KwaZulu Natal Region	<input type="checkbox"/>	South Western District Region
<input type="checkbox"/>	North West Region	<input type="checkbox"/>	Soutpansberg Region
<input type="checkbox"/>	Oikos Bedieningsnetwerk	<input type="checkbox"/>	Umzimvubu Region
<input type="checkbox"/>	Polokwane Region	<input type="checkbox"/>	West Coast Region
<input type="checkbox"/>	Ophir Network	<input type="checkbox"/>	Western Cape Region
<input type="checkbox"/>	Rustenburg Platinum	<input type="checkbox"/>	West Gauteng Region
<input type="checkbox"/>	Southern Free State Region	<input type="checkbox"/>	Woord en Lewe Network
<input type="checkbox"/>	South Gauteng Region	<input type="checkbox"/>	Zululand Region
		<input type="checkbox"/>	Uncertain

Name of Governing Body Secretary:

Contact Details : Home :

Work :

Cell :

E-mail:

Date of Governing Body meeting when this application was discussed: DD/MM/YY

Since when is this applicant a member? DD/MM/YY

Give an indication with regard to the following (please tick the applicable box):

Yes No Uncertain

Is the applicant a born-again Christian?

Has the applicant been baptized by immersion in water?

Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?

Does the applicant have a calling towards ministry?

Does the applicant have an anointing on his/her life?

Would you recommend the applicant for ministry?

Would you want the applicant to be one of the assembly's pastors?

Is the applicant's spouse/fiancé a born-again Christian?

Has the applicant's spouse/fiancé been baptized by immersion in water?

Is the applicant's spouse/fiancé baptized in the Holy Spirit with the confirmation of speaking in tongues?

Does the applicant's spouse/fiancé participate in assembly activities?

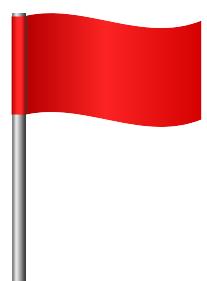
Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?

Would you recommend the applicants spouse/fiancé to be a suitable spouse and support in ministry?

If any of the above answers were 'NO' or 'UNCERTAIN', please explain the reason(s) for the answer:

Evaluate the following aspects of the applicant's behaviour, attitudes and spiritual life:

	Good	Acceptable	Poor
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow/submit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation with other race groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness in tithing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiates Christ's love to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive and obedient to the Holy Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal prayer and devotional life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burden for the 'lost' (souls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with other assembly members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church service attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in small (cell) group/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty toward assembly leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passion for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



List and evaluate all ministry-related involvement of the applicant in the assembly:

	GOOD	ACCEPTABLE	POOR

WE RECOMMEND THE CANDIDATE FOR PARTICIPATION IN MIL : Yes : No :

Signed on behalf of the Assembly Governing Body as per the meeting held on: DD/MM/YY

Signature of Secretary :

Name of Secretary :

■ SECTION I : SENIOR PASTOR/ASSEMBLY LEADER RECOMMENDATION

This section must be completed by the Senior Pastor/Assembly Leader under whom the applicant currently serves as a worshipping member. (An interview is recommended.)

This document is CONFIDENTIAL and must not be returned to the applicant after completion, but forwarded directly to the Regional Leader/Secretary.

Name and Surname:

Contact Details : Home :

Work :

Cell :

E-mail:

Since when do you know the applicant? DD/MM/YY

In what capacity do you know the applicant?

Since when is the applicant under your pastoral oversight? DD/MM/YY

Give a general testimonial about the applicant:

Give an indication with regard to the following (please tick the applicable box):	Yes	No	Uncertain
Is the applicant a born-again Christian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant been baptized by immersion in water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a calling towards ministry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have an anointing on his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend the applicant for ministry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you want the applicant to be one of the assembly's pastors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's spouse/fiancé a born-again Christian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant's spouse/fiancé been baptized by immersion in water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's spouse/fiancé baptized in the Holy Spirit with the confirmation of speaking in tongues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant's spouse/fiancé participate in assembly activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend the applicants spouse/fiancé to be a suitable spouse and support in ministry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above answers were 'NO' or 'UNCERTAIN', please explain the reason(s) for the answer:

Evaluate the following aspects of the applicant's behaviour, attitudes and spiritual life:

	Good	Acceptable	Poor
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow/submit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation with other race groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness in tithing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiates Christ's love to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive and obedient to the Holy Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal prayer and devotional life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burden for the 'lost' (souls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with other assembly members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church service attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in small (cell) group/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty toward assembly leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passion for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List and evaluate all ministry-related involvement of the applicant in the assembly:

	GOOD	ACCEPTABLE	POOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I RECOMMEND THE CANDIDATE FOR PARTICIPATION IN MIL : Yes : No :

Date: DD/MM/YY

Signature :

■ SECTION J : REGIONAL/NETWORK COMMITTEE RECOMMENDATION

NB! This document is confidential and MUST NOT be returned to the applicant but forwarded by the Regional Secretary directly to The MIL Coordinator, at mil@afm-ags.org, before 15 August 2025.

An interview must be conducted with the applicant by the Regional/Network Committee before the completion of this section:

Name of Region/Network :

Date of the meeting with the applicant and recommendation:

DD/MM/YY

Secretary :

Contact Details : Home :

Work :

Cell :

E-mail:

Give an indication with regard to the following (please tick the applicable box): **Yes** **No** **Uncertain**

Is the applicant a born-again Christian?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Has the applicant been baptized by immersion in water?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Is the applicant baptized in the Holy Spirit confirmed with speaking in tongues?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Does the applicant have a calling towards ministry?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Does the applicant have an anointing on his/her life?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Would you recommend the applicant for ministry?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Would you want the applicant to be one of the assembly's pastors?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Is the applicant's spouse/fiancé a born-again Christian?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Has the applicant's spouse/fiancé been baptized by immersion in water?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Is the applicant's spouse/fiancé baptized in the Holy Spirit with the confirmation of speaking in tongues?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Does the applicant's spouse/fiancé participate in assembly activities?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Does the applicant's spouse/fiancé faithfully contribute financially to the assembly?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Would you recommend the applicants spouse/fiancé to be a suitable spouse and support in ministry?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If any of the above answers were 'NO' or 'UNCERTAIN', please explain the reason(s) for the answer:

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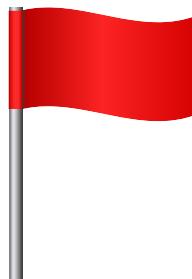
Describe the applicant's participation and interaction in Regional/Network activities:

Would you recommend the applicant for participation in MIL? Yes : No :

Signature of Regional/Network Leader :

Signature of Regional/Network Secretary :

DATE:



**The AFM reserves the right to accept or reject
the application. The decision of the NLF is final
and no negotiations will be entered into.**