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APPLICATION FORM

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The Altitude Prospectus for 2025 contains important information that you will need when considering this program. Please read through the Prospectus thoroughly before filling out this application form.

What you need to do in order to apply for Altitude 2025:

- STEP 1: Print the Application Form from pages 8 to 20 and complete the form. An incomplete form will cause a delay in the processing of the application.
- STEP 2: Submit the completed form with payment of the non-refundable Administration Fee of R200 by 1 November 2024. A delay in payment will lead to a delay in the processing of the application. You can submit your form in one of the following ways:
 - Submit the application form & EFT proof of payment of R200 in a marked envelope to the **Altitude Administrator** at the Oxygen Life Church Office.
 - Email the scanned form & EFT proof of payment of R200 to altitude@oxygenlife.co.za.

You will be contacted with the status of your application form once it has been received, processed and considered. Accepted students will receive a Letter of Acceptance (via email) detailing further steps to be taken. Unsuccessful candidates will be notified. You will receive feedback by 15 December 2021.

Once receiving further details upon acceptance, you can then follow the steps below:

- **STEP 3:** Submit the completed Confirmation of Acceptance Form.
- STEP 4: Pay the deposit to ensure your place in the program by 7 December 2024.

Term 1 commences on Tuesday, 21 January 2025.



2.1 PAYMENT OPTIONS

- Student fees can be paid in full prior to the year if desired.
- Alternatively, students may make monthly payments of R3500 over an 11 month period from January to November. These fees are to be paid by the 7th of each month by EFT.
- Please note that students' contract with Altitude is for a full year and three months worth of fees will be due even if the student discontinues their studies for whatever reason prior to completion of their full course year.
- Upon comfirmation of acceptance, an upfront payment of R3000 is required for each students team gear. This includes: Altitude shirts, hoodie, bottle and hiking bag. Payment for team gear is due 17 November

| Application Fee | Upon Application - R200 |
|-----------------|-------------------------|
| Team Gear | Upon Approval - R3000 |
| Student Fees | Monthly - R3500 |

2.2 STUDENT FEES INCLUDE

- Admin fees
- Class fees
- Altitude outreach costs
- Altitude camp costs
- Year-end graduation ceremony costs
- Four12 events where Altitude is involved
- Involvement in Oxygen Life Church congregations
- Internet access according to Bethany Trust fair usage policy

2.3 STUDENT FEES EXCLUDE

- The use of the telephone, photocopier, printer and internet access for personal use
- Accommodation and food
- General expenses relating to Oxygen Life Church events (gatherings, meetings etc.)
- End of year international outreach and additional outreaches not involving Altitude.
- A once off payment of R..... for team wear payable after confirmation of acceptance

2.4 PAYMENT REQUIREMENTS

- Bank Account details are under the Bank Details section found at the bottom of this page. Please EFT only to our bank account as per the details below.
- If you are under 18 years of age then you are required to have a parent or guardian co-sign with you.
- Any errors and omissions in this form supplied by us are excluded, and will be subject to correction.

2.5 RAISING FUNDS

Students may need to raise funds through sponsors to pay for their student fees. It is each student's responsibility to ensure that the funds are paid directly into the correct bank account and on the necessary dates. Should you need information to give to your sponsor/s then please contact us to request that information.

2.6 BANK DETAILS

The details of the bank account to be used for the application Administration Fee, deposit and student fees are as follows:

Bank: Nedbank

Account Holder: Oxygen Life Church Account no: 1213066360

Branch: Newton Park (121317) Reference: Altitude + Surname



CLOTHING

THE BASE (OXYGEN LIFE CHURCH)

There is no formal dress code but we do expect you to dress neatly and appropriately for class. We advise that you wear comfortable clothes as you may be more active during the serving time.

OUTREACHES AND MINISTRY DAY TRIPS

We will travel to various places, meet different people and take part in activities. Please dress accordingly:

- Altitude t-shirt or jacket
- Full-length pants
- Comfortable shoes

OTHER ITEMS THAT YOU NEED

- English Bible (compulsory)
- Passport (compulsory)
- ID book/card or passport
- Any medication you might need
- Pen & paper/diary
- Stationery
- Hiking bag & sleeping bag



- 4.1 Our IT services include: network setup and internet bandwidth for one device over an ADSL network line, which is accessible over Wi-Fi. This is a monitored service and we can track what users do on the Internet, and you agree to this monitoring.
- 4.2 We also reserve the right to cancel your access to the Network or internet in the case of misconduct or abuse of the network or inappropriate internet use. All these services are included in the course fees, except if specifically stated otherwise.
- 4.3 Please make sure that your Tablet, PC, Laptop or Notebook has original licensed and legal versions of the operating system and other software on it. No illegal copies or pirated software or digital media is allowed. If your Tablet, PC, Laptop or Notebook contains any illegal or unlicensed software or digital media then we reserve the right to restrict you from access to our IT Network.



OFFICE HOURS: Monday - Thursday: 8:00 AM - 4:00 PM | Friday: 8:00 AM - 1:00 PM

OFFICE CONTACT NUMBER: 041 581 8633

EMAIL: altitude@oxygenlife.co.za

ADDRESS: 13 2nd Avenue, Walmer, Port Elizabeth

Please contact us should you require assistance with the application process.

APPLICATION FORM 2025



PERSONAL INFORMATION

STUDENT PERSONAL INFORMATION:

Passport number

Please complete this application form from pages 9 to 20. An incomplete form will result in a delay in the processing of your application. Should your personal information change after submitting your form, please contact us to make the necessary changes.

Have you read through the Altitude Prospectus for 2025 thoroughly? Please tick if 'yes'.

| Full Name: | | | | | | |
|-----------------|-----------------------------|------------------------|-----------------|-------------------|----------------------|------------|
| Surname: | | | | | | |
| ID No: | | | | | | |
| Date of Birth: | DD/MM | /YYYY | Age at 1 Januar | y 2025: | | |
| Postal Address: | | | | | | |
| Cellphone: | | I | Home phone: | | | |
| Email: | | | | | | |
| Gender: | Male | Female T-shir | rt Size: | | | |
| Home language: | English | Afrikaans | Other - Please | specify: | | |
| Marital Status: | Single | Married | Divorced | Re-married | Widowed | Engaged |
| If married: | Name of | spouse | | Occu | pation | |
| Nationality: | South African cit | iizen | | International wit | h permanent resider | nce permit |
| | International wit | th temporary residen | ice permit | International no | resident in South Al | frica |
| | If you are not a citizen of | South Africa kindly in | ndicate | | | |

Expiry date



This document serves as a comprehensive guide specifically tailored to address the medical information requirements for our students, particularly those arriving from outside of Gqeberha. It encompasses essential details about parental or guardian information, as well as specifics regarding a designated next of kin within Gqeberha.

Please be advised that this document outlines the responsibilities and expectations regarding medical emergencies. Altitude assumes no liability for a student's medical care, and we emphasize the crucial role of the designated next of kin in assuming responsibility in such circumstances.

Thank you for your attention to these critical matters. This document aims to ensure a smooth and efficient process for managing medical situations and prioritizing the well-being of our students.

MEDICAL INFORMATION OF STUDENT

| Student Information | on: | | | | | | |
|-----------------------|---|--|--|--|--|--|--|
| Full Name: | | | | | | | |
| Date of Birth: | DD/MM/YYYY | | | | | | |
| Gender: | Male Female | | | | | | |
| Nationality: | | | | | | | |
| Medical Information | on: | | | | | | |
| Allergies: | | | | | | | |
| Current Medications | S: | | | | | | |
| Blood Type: | | | | | | | |
| Medical Conditions: | | | | | | | |
| Medical history (Hos | spitalization/Medication): | | | | | | |
| Have you been diag | MENTAL HEALTH HISTORY: Have you been diagnosed with a mental health condition at any stage in your life? Yes No | | | | | | |
| yes, piease speeily | y the condition(s) and the date of diagnosis: | | | | | | |
| Are you currently/ha | ave you previously received treatment for a mental health condition? | | | | | | |
| If yes, please provid | e details (e.g., type of treatment, medication, duration, healthcare provider): | | | | | | |
| How do symptoms of | of the above condition(s) impact your daily life? | | | | | | |

MEDICAL AID DETAILS:

ALTITUDE MINISTRY TEAM

Medical Aid Provider: Membership/Policy Number: Contact Number for Medical Aid: Type of Plan: ___ **EMERGENCY CONTACT INFORMATION: Emergency Contact (Parent/Guardian):** Full Name: _ Relationship to Student: Contact Number: _____ Email Address: ____ Address: **Emergency Contact (Residing in Gqeberha):** For students who do not have a designated next of kin in Gqeberha, we kindly request that they promptly contact us. In such cases, we will facilitate the arrangement of a next of kin within our congregations who will stand in as the responsible party. It is imperative that students without a designated next of kin provide us with the necessary information, enabling us to organize a suitable individual. Additionally, the appointed next of kin will be required to provide consent for assuming this role in case of any medical emergencies or related circumstances. This measure aims to ensure the students' wellbeing and proper care during their time at Altitude. **Emergency Contact Details (Person Residing in Gqeberha):** Full Name: Relationship to Student: Email Address: Contact Number: ___ Address: ___ I, (Parent/Guardian's Full Name)___ ____, hereby authorize and give consent for (Gqeberha to act as the responsible party for my child, (Child's Full Name)_ Resident's Full Name) , in case of any medical emergencies during their participation in the gap year program. I understand and acknowledge that (Gqeberha Resident's Full Name) will take appropriate measures and decisions in the event of such emergencies." Date: Signature of Parent/Guardian: _____ Sincerely,

| 2 | |
|-------|--|
| — | |

ACADEMIC INFORMATION

| - | | | |
|--|-----------------------------|---------------|----------|
| STUDENT ACADEMIC INFORMATION | ON: | | |
| SECONDARY EDUCATION | | | |
| When did/will you graduate from High Sc | hool | | |
| | | | |
| Name of high school: | | | |
| City/town: | | | |
| | | | |
| | | | |
| TERTIARY EDUCATION | | | |
| Final Year Subjects & Percentage / Symbo | ols Achieved (if completed) | | |
| Name of College, University or Institute | Period of attendance | Qualification | Obtained |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| EMPLOYMENT HISTORY | | | |
| Employer | Position | From | То |
| | | | |
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| | | | |
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| | | | |

CHURCH INFORMATION

| | | | - | | | | | | | |
|------|---|----------------|----------------------------|-----------|-------------|----------|-----------------|----------|------------------|------|
| Hav | re you made a full co | mmitmen | t to Christ? | | Yes | | No | | | |
| Are | you currently an ac | tive memb | er of a church? | | Yes | | No | | | |
| Nan | me of church: | | | | | | | | | |
| Add | lress: | | | | | | | | | |
| | | | | | | | | | | |
| Nan | me of pastor: | | | | Telepho | ne: | | | | |
| of y | h person is unique a our completed appl roughly and legibly. | ication for | m. In order for your | applicat | ion to be | proces | ssed it is vita | l that q | uestions are ans | |
| 1. | Write your personal | testimony. | | | | | | | | |
| 2. | Do you have any spe | ecific dreams | s for your life? If so, ex | plain how | v you plan | to achi | eve those dre | ams. | | |
| 3. | What made you con: | sider doing | Altitude instead of sor | mething e | lse for nex | kt year? | | | | |
| 4. | In what ways would | you like to d | evelop during the pro | gram? | | | | | | |
| 5. | How do you plan to | pay for the p | orogram? | | | | | | | |
| 6.2. | Describe how you see Spiritual Maturity Emotional Maturity Self Discipline | ee yourself ii | n the following areas: | | | | | | | |
| НО | W DID YOU HEA | R ABOUT | ALTITUDE? | | | | | | | |
| Plea | se complete this by tic | king the mo | est relevant option: | | | | | | | |
| | Friends/Family | | Four12 Website/Eve | ents | | Instag | gram | | Oxygen Life Chu | ırch |
| | Other (Please sp | ecify): | | | | | | | | |

4

PARENT/GUARDIAN INFORMATION

PARENT / GUARDIAN INFORMATION: To be completed if student is financially dependent on parents/under 21 years of age.

| Full Name & Surname: | | | | |
|------------------------------|---------------------|-----------------------|--------------------------------|--|
| | | | | |
| ID No: | | | Nationality: | |
| | | | | |
| Home Address: | | | | |
| | | | | |
| Postal Address: | | | | |
| | | | | |
| Occupation: | | | Relation to student: | |
| | | | | |
| Cellphone: | | | Work Phone: | |
| | | | | |
| Email: | | | | |
| , | | | | |
| Home language: | English | Afrikaans | Other - Please speci | ify: |
| | | | | |
| | | | | |
| | | Signatu | re of Parent/Guardian/Pa | artner |
| | | J | | |
| ADDITIONAL INFO | OMATION: ch. | | | halam much ha samulatad na mall |
| ADDITIONAL INFOR | KIVIATION. Sno | uia the student be ur | ider 21, the rest of this form | below must be completed as well. |
| Full Name & Surname: | | | | |
| | | | | |
| Cellphone: | | | Relation to student: | |
| | | | | |
| | | | | |
| 1 | | | (Full name | of parent/guardian/partner of the above stated Student |
| Identity number | | | am in full agreement with the | e information supplied in this application |
| form and give full consent | | | | |
| ioriii anu give iuli consent | to mismer participa | ation in Aititude. | | |
| | | | | |
| Signature of Parent/Gua | ardian/Partner _ | | Signed at _ | on the / _/ |



1

DEFINITIONS IN THESE TERMS AND CONDITIONS

- 1. "Agreement" means this Agreement entered into between Oxygen Life Church as the one party and an Applicant and Student as the other party and includes the terms and conditions herein and the rules referred to herein and in the Prospectus;
- 2. "Applicant" or "You" means the person who applied to the Altitude program, of Oxygen Life Church, for provision of the Services as per this Application, and shall include your guardian or parent, if applicable;
- **3.** "Application" means the application form submitted by prospective students to Altitude to enrol with Altitude and use its services.
- 4. "Premises" means the property and buildings at 13, 2nd Avenue, Walmer, Port Elizabeth.
- 5. "Services" means the provision of the Services selected by the Applicant, such as amongst others Training, Internet Connectivity, Network Connectivity and whatever else that other service may be is rendered to Students;
- 6. "Students" means a successful Applicant enrolled in the Altitude program of Oxygen Life Church;
- **7.** "We, us, our" means Oxygen Life Church and any person to whom we transfer any of our rights or obligations under this Agreement;
- **8.** "Interim period" refers to the period from the date of submission of an application to the Altitude program to the date of approval or rejection thereof;
- 9. "Fees" refers to the fees as set out in the Prospectus (Refer to page 12) and Application Form (Refer to page 5).

2

APPLICATION AND AGREEMENT

1. By making an application to us you are offering to enter into this Agreement with us, but we are under no obligation to accept your Application.

Initial Here



- 1. During the period of submission of your Application to us and prior to us approving or declining the Application, the following terms will govern our relationship:
- **1.1.** Your Application will be considered on the information that you give us, and you hereby warrant that all the information provided by you is truthful, accurate, correct and complete.
- 2. If we elect to approve your Application you will be informed thereof in a Letter of Acceptance. You must notify us in writing within 5 days of the date of the letter of acceptance whether you will enrol with Altitude as a Student. If we do not receive your written notification within the 5 day period your application will be declined. The notice must be emailed to altitude@oxygenlife.co.za.
- 3. We therefore expressly reserve the right to
- **3.1.** Refuse to enter into any further/more agreements with you, and/or
- **3.2.** Terminate this Agreement and desist from providing one or more services to you.



- 1. We hereby agree to provide students with the Services set out in the Application Form and Prospectus.
- 2. You agree to enter our premises and use our Services at your own risk, and subject to your right of admission to our premises being reserved.
- 3. If we are affected by any circumstances beyond our reasonable control (including, without limitation, food, extreme weather, any strike, electricity failure, lock-out or other form of industrial action, or act of God) hereinafter referred to as "force majeure", then we shall not be deemed to be in breach of this Agreement, or otherwise be liable to you, by reason of any delay in performance or non-performance of any obligations hereunder to the extent that such delay or non-performance is due to any force majeure.
- 4. The Services and our Premises that you use under this Agreement have certain rules and regulations to adhere to, and you shall be responsible to remain informed about these rules and regulations concerning each service you use, and to strictly abide by these. The rules and regulations of the Services rendered to you under this agreement is also part of these Terms and Conditions, and can also be given to you at the start of your course.

5

BILLING AND STATEMENTS

- 1. We will email your account statements to you on a monthly basis and the invoices will be due and payable by the 7th of each month. Statements will show all amounts due for payment, all payments made as well as your outstanding balances still to be paid; and inform you of any amounts which you must pay to us on or before the due date stated on the statement.
- 2. It is your responsibility to check your statements and notify us of any incorrect amount or calculations without delay so that we can either, credit or refund your account, if need be. Failure to advise us within the aforesaid stated time will result in us assuming that the Statement or Invoices are correct in all respects.
- 3. You agree and undertake to make payment to us of the amount as indicated on your statement, by the due date.
- 4. All payments shall be made via Electronic Funds Transfer to our bank account, but any payment will only be properly made when we receive and process it.



- 1. In signing the Application form I agree to:
- **1.1.** Submit myself to the rules and regulations of the Altitude program concerning classes and other activities as well as to any decision made in this regard by the Altitude leadership of Oxygen Life Church.
- 1.2. Submit myself to the rules set out in regard to working at the Oxygen Life Base as well as on outreaches.
- **1.3.** Submit myself to being involved in Christian outreaches as well as to any decisions made by the leadership in regard to these outreaches;
- **1.4.** Hereby give my consent to any action taken in the case of medical emergencies and undertake to settle all medical costs thereof.
- **1.5.** Promptly pay all student fees as stated above and submit to the regulations as stated in the Prospectus and Application Form concerning student fees.
- **1.6.** Keep and uphold the values of the Altitude program of Oxygen Life Church at all times and will submit to any decision made by the Altitude leadership of Oxygen Life Church in this regard.

| Initial | Here | | |
|---------|------|--|--|
| | | | |

7BREACH & TERMINATION

- 1. If you fail to pay any amount that is due or if you fail to comply with any of the material conditions of this Agreement, or if your estate is sequestrated, or if you die, or if you make any untrue or incorrect statement or representation in your application, or do anything that may prejudice our rights or image or if the Student commit breach of any of the other terms of this Agreement, whether or not the breach goes to the root of this Agreement, and fail to remedy the breach within 7 (seven) days after being called upon by written notice to do so; then we reserve the right to -
- **1.1.** Cancel this Agreement in which case all amounts owing to us by you will become due and payable immediately; and/or
- **1.2.** Without incurring any liability therefore, we may notify any interested family member, parent or guardian or donor or Church Elder to which you submit, in our discretion, and you hereby agree to us doing so; and/or
- **1.3.** Summarily suspend any Services provided to you without appeal or recourse by you.
- 2. You hereby acknowledge that Oxygen Life Church incurred expenses and employed staff based on the enrolment of the students for the full year. You may however terminate this Agreement early before the end of the year and at any time should you wish to do so, upon 3 months written notice to Oxygen Life Church. Should the agreement be terminated in terms of this clause Oxygen Life Church reserves the right to hold you liable for three months fees after the notice period due to the fact that we have incurred the abovementioned expenses.
 Oxygen Life Church further also reserves the right to determine whether you may continue to make use of the services and participate in the activities during the notice period. Oxygen Life Church will consult you and elicit your views in relation to your continued use of the services during the notice period taking account of these views in reaching our decision. Oxygen Life Church will give you reasonable notice of our decision and attempt to minimise any adverse impact that the decision may have on you.



1. Subject to the Regulation of Interception of Communications Act ("RIC"), Act 70 of 2002, that we may intercept, block, read, delete, disclose and use all communications sent or otherwise communicated to over our or through our Services. You also agree that your consent satisfies the requirements of Electronic Communications and Transactions Act and RIC for consent in "writing" as defined.



- 1. You agree that you shall at all times act in the best interest of the Altitude program of Oxygen Life Church, and shall disclose all material facts to them that may have an effect on their business, your involvement with them, or your theological training and calling to ministry.
- 2. This agreement does not create a partnership or agency between the parties and neither party shall be liable for the debts of the other party, howsoever incurred.
- 3. Each of the parties will neither bear any financial responsibility for the other nor accept any liability incurred by the other unless such undertakings are agreed and signed for jointly, other than the terms set out herein, nor will any party hereto be engaged by or act as consultant to any other party.



1. Any dispute, difference or question which may arise at any time hereafter between you and Oxygen Life Church touching the true construction of this agreement or the rights and liabilities of the parties hereto shall, unless otherwise herein expressly provided, be referred to the decision of a single arbitrator to be agreed upon between the parties, or, in default of agreement for 14 (FOURTEEN) days, to be appointed at the request of either party in accordance with, and subject to, the provisions of the Arbitration Act 42 of 1965 or any statutory modification or re-enactment thereof for the time being in force.

Initial Here

11 GENERAL

- 1. If for any reason or purpose we do not immediately enforce or implement any of our rights in terms of this Agreement, it does not mean that we have abandoned, given up or waived any of those rights.
- 2. It is agreed that we may cede, assign or transfer any of our rights or obligations under this Agreement or arrange for any other person to carry out any of our rights or obligations under this Agreement without your consent and without notice to you. We can delay enforcing our rights under this Agreement without losing them.
- 3. This agreement embodies the entire undertaking of the parties and there are no promises, terms, conditions or obligations, oral or written, express or implied, other than those contained herein. No agreement varying, adding to, deleting from or cancelling this agreement (including this clause) and no waiver of any right under this agreement shall be effective unless in writing and signed by or on behalf of the parties.
- 4. At the option of Oxygen Life Church, any action or application arising out of this Agreement or any cancellation thereof or any suretyship furnished for the obligations of the Student hereunder shall be brought in the Magistrate's Court having jurisdiction in respect of the Student or the sureties, as the case may be, notwithstanding that the amount in issue may exceed the jurisdiction of such Court. Despite the terms of this clause, Oxygen Life Church may institute action in the appropriate division of the High Court of South Africa, if Oxygen Life Church so elects.
- Right of cancellation without reason or penalty
 Please tick the one clause below that is applicable:

 Altitude first approached the Student directly with a view to concluding this Agreement and such

approach resulted in the conclusion of this Agreement. The Student therefore has the right to cancel this Agreement without reason or penalty within 5 (five) business days of signing this Agreement by giving Oxygen Life Church written notice of such cancellation. The Student is entitled to a refund of any payments made to Oxygen Life Church in terms of this Agreement within 15 (fifteen) business days after he or she has given this notice; or

Altitude did not first approach the Student directly to persuade the Student to conclude this Agreement. Instead, the Student contacted the Altitude leadership team, of Oxygen Life Church, of his own accord to discuss the supply of the services. The student therefore does not have the right to cancel this Agreement without penalty.

- 6. Where necessary and reasonable we may need to make changes to the services. For example, we may need to alter the timetable, location, number of classes, method of delivery or content. Oxygen Life Church will consult you and elicit your views in relation to any proposed material changes to the services being provided, taking account of these views in reaching our decision. Oxygen Life Church will give you reasonable notice on any material changes we decide to make and attempt to minimise any adverse impact that any changes may have on you.
- 7. Acknowledgement

Student to take note of the acknowledgement of facts:

The Student confirms he or she has read and understands this Agreement, he or she has been explained all necessary clauses by Oxygen Life Church, been advised of all his or her rights in terms of this Agreement and the relevant sections of the Consumer Protection Act, 2008 (Act 68 of 2008), if applicable, and signs this Agreement, freely and voluntarily.

Initial Here

