



Confidential Admission Questionnaire: This rigorous program seeks to build strong, independent, and passionate Christ-followers. Please complete all sections with absolute honesty and transparency. Your disclosures are held in strict pastoral confidence.

SECTION A: PERSONAL DETAILS

Full Name (As per ID/Passport):

Preferred Name:

Date of Birth:

Nationality:

ID / Passport Number:

Primary Phone / WhatsApp:

Email Address:

Residential Address:

Gender Evaluation & Personal Reflections:

Briefly share your personal understanding and evaluation of your biological gender identity in relation to your faith and Christian walk.

SECTION B: HEALTH & MEDICAL INFORMATION

Do you have any chronic medical conditions or disabilities?

☐ Yes ☐ No

If yes, please specify:

Known Allergies (Food, Environmental, Medication, etc.):

Current Medications Required:

Emergency Contact Person & Relationship:

Emergency Contact Phone Number / Email:

SECTION C: CHURCH AFFILIATION & SPIRITUAL POSITION

Current Church Name / Denomination:

Pastor / Leader's Name:

How long have you attended?

Water Baptized?

Baptised in Holy Spirit?

☐ Yes ☐ No

☐ Yes ☐ No

List the ministries or church departments you have actively served in:

Essay C.1: Personal Salvation History & Faith Journey

Provide a detailed account of your personal salvation history. Describe your conversion experience, significant milestones in your walk with Christ, and the spiritual disciplines you currently practice to sustain your passion as a Christ follower.

SECTION D: MARITAL STATUS & SEXUAL HISTORY

Current Relationship / Marital Status:

☐ Single ☐ Engaged ☐ Married

☐ Divorced / Other

Name of Spouse / Fiancé (if applicable):

Essay D.1: Relationship History & Biblical Purity Evaluation

ImpactAfrica adheres strictly to biblical standards of morality, integrity, and relational purity. Please share detailed information regarding your relationship history, personal sexual history, values on purity, and any areas where you have experienced counseling, deliverance, or continue to seek growth.

SECTION E: PERSONAL HISTORY & CRIMINAL RECORD

Have you ever been convicted of a criminal offense?

☐ Yes ☐ No

Are there any pending legal actions against you?

☐ Yes ☐ No

Essay E.1: Criminal Record Explanation & Addictions / Healing Testimony

If you answered 'Yes' above, please provide full details of the offense. Additionally, use this space to outline any sensitive life experiences, past addictions, mental health counseling, or major personal restoration testimonies.

SECTION F: MENTORSHIP, INSPIRATION & LEADERSHIP VISION

Do you currently have an active mentor?

☐ Yes ☐ No

Current Mentor's Name & Contact Details:

Proposed Mentor 1 (Name & Field):

Proposed Mentor 2 (Name & Field):

Essay F.1: Inspirational Influences & Personal Calling

*Identify the individual(s) who most profoundly inspire you in your life. Explain explicitly **why** you find them inspirational, how they influence your worldview, and how you envision this program activating your personal calling to leadership or entrepreneurship.*

SECTION G: PASTORAL / RELIGIOUS LEADER REFERENCE

To be completed by the Applicant's Pastor or Spiritual Overseer. The information provided will remain strictly confidential and will be used solely to evaluate the applicant's readiness for intensive leadership training.

Pastor / Leader Full Name:

Title/Role (e.g., Youth Pastor):

Phone Number / WhatsApp:

Email Address:

How long and in what capacity have you known the applicant?

Confidential Assessment & Recommendation:

Pastor's Signature:

Date:

SECTION H: REFERENCES & APPLICANT DECLARATION

Character Reference Name & Contact:

Professional / Academic Reference Contact:

Declaration & Consent: I hereby declare that the information given in this application form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading statements or omissions may result in immediate disqualification or termination of my enrollment. I consent to the validation of all spiritual, academic, and criminal histories detailed herein.

Applicant's Signature:

Date:

Please return the completed form via email to: programs@impactafrica.org.zw copy peter@impactafrica.org.zw
or submit via WhatsApp to +263 71 911 5375. Website: www.impactafrica.org.zw