



LXP Applicant Name:.....

Date:.....

The Leadership Experience Application

Please
Attach
Photo
Here

Application Instructions

(FOLLOW INSTRUCTIONS CAREFULLY, and check each box below upon completion)

- Fill out the application completely, using print that is easy to read.
- Answer all three biographical essay questions located at the end of the application.
- All information required in this application is confidential and will only be seen by staff members responsible for applicant selections. As such, please be absolutely honest in your answers and essays. If you would like to further explain your answers (or if we have further questions for clarification), we will be happy to talk with you by phone or e-mail.
- Attach a recent photo of yourself—either a passport picture or a picture cut to passport size.
- Please include proof of payment for the **application fee in the amount of R100**. The LXP bank details are listed below.

Return application to:

The Leadership Experience
P.O. Box 1015
Jeffrey's Bay
6330
REPUBLIC OF SOUTH AFRICA

Bank Details:

Bank: FNB
Branch: Jeffrey's Bay
Branch Code: 210515
Account Name: LXP South Africa
Account Number: 62313590912
Deposit Ref: Your full name
Swift Address: FIRZAJJ

Deadlines and Notification of Acceptance

All **applications must be submitted before the 31st of January, 2018**. You are encouraged, however, to apply **as soon as possible** to ensure the timely processing of your application. Please note that we only consider those applications that are **fully** completed (i.e., please take note where essays or extra information is required).

A telephone interview with an LXP director will follow upon the receipt of your application.

You will then receive an official letter of notification to inform you whether or not you have been accepted to the program. If accepted, you will also receive a packet containing comprehensive instructions for preparation and travel to our base in Jeffrey's Bay.

Program Costs

You will be responsible for R3,000 per month (or R24,000 for the entire program) plus the cost of any necessary passport, visa, and bus/flight arrangements to and from Port Elizabeth (the nearest city for major travel transit). The program fees will cover your housing, food, and transport costs within the program, along with all other program-related expenses. You will personally be responsible for expenses beyond this—out of which you may pay for the cost of personal groceries/snacks, laundry soap/facilities, personal hygiene items, medical expenses, and pocket spending money.

2018 Program Dates: 31st March 2018– 26th November 2018

GENERAL INFORMATION

Name:
Surname First Middle Initial Mr. Mrs. Ms.

Sex: Male Female Age..... Date of Birth.....
day month year

Country of Birth:.....

Country of Residence (if different from above):.....

Home language (Mother tongue):.....

Other languages:.....

Passport number (or I.D. number if South African Citizen):.....

Visa...Type and Expiry Date (for non-South African citizens):.....

Drivers licence number (if applicable).....

Denomination / Church Background:.....

PERMANENT ADDRESS / CONTACT INFORMATION

Street / P.O. Box.....

City / Town.....State / Province.....(Zip)Code.....

Country.....

Home phone number.....Cell phone number.....

E-mail address (if applicable).....

EDUCATION

List high school, college, university, graduate and professional schools—starting with the most recent school attended. If necessary, include additional educational information on the back of this page.

1. School Name.....

Location.....

Dates attended.....

Degree and year awarded.....

2. School Name.....
Location.....
Dates attended.....
Degree and year awarded.....

EMPLOYMENT HISTORY

Please describe all part or full time positions held, starting with the most recent. Please include military service and volunteer work where applicable. If necessary, include additional employment information on the back of this page.

1. Employer.....Dates of employment.....
Address.....
City / Town.....State / Province.....Code.....
Country.....
Phone number.....
Primary responsibilities.....

2. Employer.....Dates of employment.....
Address.....
City / Town.....State / Province.....Code.....
Country.....
Phone number.....
Primary responsibilities.....

3. Employer.....Dates of employment.....
Address.....
City / Town.....State / Province.....Code.....
Country.....
Phone number.....
Primary responsibilities.....

PERSONAL HEALTH HISTORY

Please answer all questions. Comment on all 'Yes' answers on a separate piece of paper.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia
<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Cancer (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Special diet (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Mental/Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer (specify)	<input type="checkbox"/>	<input type="checkbox"/>	STD(s) (specify)
<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems			Females only:
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Surgery (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever, asthma	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?

Other illness or conditions:.....

Are you presently under a doctor's care for any reason? If yes, specify:

Are you presently under medication prescribed by a doctor? If yes, specify:

Are you allergic to any drugs / medication? If yes, specify:

Do you have any other allergies? If yes, specify:

Have you ever been to a professional counsellor or received psychiatric treatment? If yes, please specify:

Do you now or have you ever received any compensation for disability from any source? If yes, specify:

Do you have any physical impairments, handicaps or health conditions which require special attention? If yes, specify:

Communicable Diseases: have you ever had any of the following?

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles (specify)	<input type="checkbox"/> Other (specify below):
<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Tuberculosis (TB)
<input type="checkbox"/> Mumps	<input type="checkbox"/> Other	

GOALS AND DREAMS

Describe your goals and dreams for the future:

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.....
.....
.....

What obstacles must you overcome to make these dreams come true?

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.....
.....
.....

How do you see yourself overcoming these obstacles?

.....
.....
.....
.....

What led you to apply for The Leadership Experience?

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.....
.....

How do you hope that LXP will equip you to fulfil the dreams and goals that you've mentioned above?

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.....
.....

LEADERSHIP EXPERIENCE

Name specific positions of leadership you have had, naming the organisations involved (including church and school). Please begin with the position most recently held:

Position	Organisation	Year / Time period

What position(s) have been the most fulfilling and why? Which have been the most difficult and why?

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.....

Describe your feelings and conduct towards those in authority or leadership above you:

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.....

.....

SELF-EVALUATION

Please rate yourself in the following areas on a scale of 1 to 10 (10 being the highest):

- Relating with elders:..... Conversing with strangers:.....
- Establishing friendships:..... Maintaining friendships:.....
- Submitting to leadership:..... Finishing what is started:.....
- Problem solving:..... Listening to others:.....
- Being an example:..... Dealing with conflict:.....
- Encouraging others:..... Being vulnerable/transparent:.....
- Improvising in a difficult situation:..... Leading others in a humble/serving way:.....

PERSONAL KNOWLEDGE

Describe yourself as a person by using the words below. Mark with an 'X' the words that best describe you.

Ambitious		Impulsive		Pessimistic	
Attractive		Inferior		Racially prejudiced	
Blunt/Curt		Insufficient		Reliable	
Boring		Intelligent		Remorseful	
Capable		Intercultural		Self-assured	
Compassionate		Joyful		Self-controlled	
Crazy		Laughed at		Sensitive	
Considerate		Loving		Struggle with self-pity	
Creative		Loyal		Stubborn	
Determined		Moody		Successful	
Energetic		Morally conscious		Temperamental	
Flexible		Naïve		Trapped by circumstances	
Followed by others		Nervous		Unattractive	
Good sense of humour		Not easily motivated		Undisciplined	
Hardworking		Optimistic		Unimportant	
Incapable		Organised		Valuable	
Indecisive		Patient		A winner	

Please answer the following questions carefully and truthfully. Failure to answer truthfully may result in denial of your application or dismissal from LXP. If you answer "yes" to any of the following, please provide a more detailed explanation on a separate sheet of paper. Our desire is to see that progress is being made in all areas of your life and that you are ready to enter this next step on your journey. If there are any questions on this or any other area of this application that you would prefer to discuss at a more personal level, please inform us upon submitting your application.

Which of the following have directly affected your life? Please mark with an 'X':

<input type="checkbox"/>	Abortion	<input type="checkbox"/>	Sexual activity (pre-marital or unfaithfulness)
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Exposure to pornography
<input type="checkbox"/>	Rejection	<input type="checkbox"/>	Homosexuality / Lesbianism/Bisexuality
<input type="checkbox"/>	Alcohol abuse	<input type="checkbox"/>	Eating disorders (such as Anorexia or Bulimia)
<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>	Clinical depression
<input type="checkbox"/>	Tobacco use/smoking	<input type="checkbox"/>	Attempted suicide
<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>	Involvement in satanic activities/ rituals/Ancestral worship/witchcraft/ sorcery
<input type="checkbox"/>	Verbal/Emotional abuse	<input type="checkbox"/>	Involvement in other faiths/cults (e.g. New Age/ Jehovah's Witness/Islam/Hinduism etc.)
<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Breaking of the law/ Imprisonment

What are your greatest strengths? (Mention 3 characteristics that you and others regard as strong and positive in your life):

1.
2.
3.

What are the weaknesses you most struggle with? (Mention 3 characteristics that you and others regard as weaknesses in your life):

1.
2.
3.

What particular gifts/talents/acquired skills do you have that you find most helpful for you in ministry?

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RELATIONSHIPS & ATTITUDES

Circle the applicable number and answer applicable questions:

1	Single	When was your last relationship?
		How serious was it?
		How long did it last?
		Are you a single parent? How many children do you have?
2	Relationship	How long have you been in this relationship?
		How serious is it?
3	Engaged	Wedding date?
4	Married	How long have you been married?
		Do you have any children? How many & what ages?
5	Divorced	Date of divorce?
6	Widowed	Since what year?

Describe your feelings towards people of different cultures/languages:

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Describe your relationship with your family:

.....

.....

Describe your relationship with your closest friend(s):

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