



Cultivate Discipleship Programme  
 New Zealand  
*Wahi Tapu o Kawari Putahio Paipera o Aotearoa*  
 PO Box 302 659  
 North Harbour, Auckland 0751  
 New Zealand  
 Email: cultivateadmin@ccbi.ac.nz  
 www.cultivate.kiwi



## RETURNING STUDENT APPLICATION

**PERSONAL INFORMATION** (Please print clearly)

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address (Street and Box No.): \_\_\_\_\_

City: \_\_\_\_\_ State/ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

What Cultivate programme(s) have you previously attended? Which year(s)? \_\_\_\_\_

Which Cultivate programme(s) are you applying for? Which year?

Cultivate Summer Programme 20\_\_\_\_

Cultivate Winter Retreat 20\_\_\_\_

**EDUCATION INFORMATION**

Name of High School/ College currently attending: \_\_\_\_\_

Year at High School/ College: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Primary Emergency Contact:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address (Street and Box No.): \_\_\_\_\_

City: \_\_\_\_\_

State/ Country: \_\_\_\_\_

Postcode: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**MEDICAL/DIETARY INFORMATION**

Do you have any physical disabilities/conditions? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any communicable diseases? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on medication or under a physician's care? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you been or are you currently under psychiatric or psychological care, or been in counseling or psychotherapy? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

When was your last tetanus shot?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary needs/ allergies? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL PROFILE**

What are your talents, hobbies and interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL LIFE PROFILE**

Do you currently attend youth group/ church?  Yes  No

If yes, what youth group/ church do you attend? And how long have you attended? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of your youth/ senior pastor? \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Please describe what God has been doing in your life since you last attended Cultivate?

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Why would you like to attend another Cultivate Discipleship Programme?

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**CULTIVATE RULES**

*Please review the Cultivate Rules and accept the agreement by ticking the box below.*

- Students are expected to be an example of Christ in all their behaviour.
- Students are expected to avoid the distraction of close relationships with the opposite sex during the duration of the programme(s).
- Students are expected to dress modestly and act appropriately around those of the opposite sex.
- Students are required to attend and be prompt to every scheduled event.
- Electronic devices (phones, iPads, computers, game consoles, ect.) are not allowed during scheduled events and for the duration of the Beach Camping Trip.
- No purple (girl/ guy isolation).
- No girls in the guy's rooms and vice versa.
- No tobacco, drugs, alcohol and/or weapons.
- No swearing.
- No movies are to be watched during the programme(s) unless scheduled by the Cultivate Staff.
- No food or drinks are allowed in the dorm rooms.
- Students are required to respect all Cultivate Students, Cultivate Staff and CCBI Staff.
- Students are required to respect all property, curfew and noise rules.
- Students are not allowed to leave campus without the accompaniment of Cultivate staff.

I have read and agree to the Cultivate Rules.

**FINANCIAL RESPONSIBILITY**

Full payment of tuition is due and payable during registration on the first day of the programme unless other arrangements have been made. I hereby make application to Cultivate Discipleship Programme, I understand my responsibility for punctual, regular attendance and the fulfillment of all programme requirements. I will also cooperate in observing all regulations and upholding the standards of the programme. In addition, I also understand that my tuition is due and payable in New Zealand Dollars during the registration on the first day of the programme.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

1. Completely filled out the Returning Student Application in the manner requested
2. Completely filled out the Parent/ Guardian Consent Form in the manner requested
3. Signed and dated this application

Cultivate Discipleship Programme does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability.

Please mail application to:

Cultivate Discipleship Programme  
PO Box 302 659  
North Harbour, Auckland 0751  
New Zealand

Or

Download, fill out, and email to:  
[cultivateadmin@ccbi.ac.nz](mailto:cultivateadmin@ccbi.ac.nz)