



**APPLICATION FOR A
Discipleship Training School
In the UK and Ireland**
(Confidential when completed)

HOW TO COMPLETE THIS APPLICATION

Thank you for your interest in this school! It is our intention that the application process serve as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time.

Please answer all of the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper.

Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage.

When completed, please send this application to:

YWAM London – Notting Hill Team, 252 All Souls Avenue, Kensal Rise, LONDON NW10 3AD, UK

REFERENCES

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your employer or teacher. Fill in your name, address and school dates, and the address of the DTS and give the forms to the referees. Please ask that they return the forms **directly to us** as soon as possible.

MEDICAL REPORT

A Medical Report Form is included; part 1 to be completed by you and the other parts by your doctor. Please give both medical forms to your doctor and ensure that the parts completed by your doctor is returned to us in a sealed envelope clearly labelled with your 'name' and the term 'medical report'.

PASSPORT/VISA INFORMATION

This information is needed for anticipated visa purposes only, including the field placement phase of the DTS.

IMMUNISATION DETAILS

Please complete this form in full, even if you have included your own medical form. All non-UK citizens must have a current typhoid and hepatitis A immunisation arriving in the UK.

EMERGENCY CONTACT DETAILS

Please complete this form in full, including any area and country telephone codes.

ADMINISTRATION FEE

A non refundable fee of £25 (which covers the cost of processing your application) should be included when you return this form. Foreign students can send this by bank draft in Pounds Sterling only made out in favour of YWAM Notting Hill or buy Pounds Sterling and send it - it seems to arrive quite safely.

FINALLY... We pray that God will guide you clearly as you complete this form.

FINANCIAL POLICY

INTRODUCTION

This sheet is designed to explain the financial costs of attending this school and how that money is spent. It also gives a breakdown of when fees become payable.

WHAT THE FEES COVER

The DTS fees cover the cost of tuition, board and lodging during the lecture and debrief phase. In detail they cover:

- Student Registration with the University of the Nations
- Speaker expenses (travel and a small honorarium)
- Food for all meals
- Internal rental costs for the use of base accommodation and teaching rooms
- Travel costs for midweek and mid-term outreaches
- Contribution towards the running of the training office
- Contribution towards the cost of one pastoral visit per outreach location

No DTS staff member receives any income from the school.

APPROXIMATE OVERALL COSTS

<input type="checkbox"/> Administration fee	£25
<input type="checkbox"/> Lecture and Debrief phase	£1,950
<input type="checkbox"/> Outreach Phase	£1,000 (does <u>not</u> include travel to and from your outreach destination)
Total	<u>£2,975</u>

In addition to the above you should allow some money for leisure etc.

SUMMARY - DUE DATES FOR PAYMENT

- Administration fee** £25 due with application (*Covers the cost of processing your application, non-refundable.*)
- Registration fee** £200 due when acceptance letter is received (*Confirms your acceptance of our offer of a place, non-refundable.*)
- Lecture fee** Due on arrival
- Outreach fee** Normally from week 5 (*Visa, vaccinations and flight costs payment are responsibility of each trainee.*)

COSTS FOR CHILDREN

Fees for children are based mainly on food costs but also include a nominal amount for utilities. Please email dts@ywamlondon.com for more information.

SPECIAL CIRCUMSTANCES

Youth With a Mission is a faith mission. Therefore we are open to prayerfully considering applications from those who through unemployment or other circumstances are lacking the total finances. If, together with the church, we felt it right that they are to attend the DTS we would work out a financial scheme on an individual basis. Without such an arrangement in place before the school starts we are unable to accommodate students who do not have their fees in full. Please do not hesitate to contact us if this applies to you.

PAYMENT

IMPORTANT - ALL FEES ARE PAYABLE IN POUNDS STERLING ONLY. For overseas applicants please arrange payment by Sterling Bank Draft payable on a UK clearing bank.

HELP

If you have any questions or if anything is unclear please contact the School Leader on dts@ywamlondon.com .



**APPLICATION FOR A
Discipleship Training School
In the UK and Ireland**

Main
Application
Form

School/Base for which you are applying:

Start date:

PERSONAL INFORMATION

Name:

(Title, Surname, First Name, Middle Name, Preferred Name)

Current address: (Valid till)

Telephone: Fax:

Email:

How long have you lived here:

Permanent address: (If different from above)

Telephone: Fax:

E-mail:

Date of birth: / / Age: Gender: Male Female
dd mm yy

MARITAL STATUS

Single Engaged Married Separated Divorced Widow/er

Spouse/fiance's name:

Has your spouse/fiance applied for this school? Yes No

(We strongly recommend doing the DTS as a couple)

If not, please comment:

DEPENDANTS

Will any children be accompanying you? Yes No If yes, please give their details:

Name	Date of Birth	Place of Birth	Boy/Girl
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CHURCH INFORMATION (who do you wish us to contact for a church reference?)

Main
Application
Form

Church Affiliation:
Church Leader's Name & Title:
Address:

Email:
Phone: (H) (W)
Fax:

Does your church leader support the idea of you attending a YWAM school?
Yes Yes, with reservations No

EDUCATION & SKILLS

Secondary School (Education between 11 and 18 years)

Name of Establishment	Dates Attended Exam	Success/Qualifications Received
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University/College/Higher or Further Education (post 18 years)

Name of Establishment	Dates Attended Exam	Success/Qualifications Received
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List any other training or qualifications you have received *(Please use a separate piece of paper if necessary)*

What is your Employment History and Occupation?

Position:

Length of employment:

Briefly describe what your work entails:

Briefly describe other past work experiences:

LANGUAGES

Main
Application
Form

Please identify the languages you speak and indicate your proficiency:

- | | |
|--------------------------------------|-----------------------------------|
| 1 - elementary speaking | 4 - full professional proficiency |
| 2 - limited word proficiency | 5 - native tongue proficiency |
| 3 - minimum professional proficiency | 6 - mother tongue |

English proficiency:

Other languages and proficiency:

GIFTS & HOBBIES

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies:

Gifts:

Hobbies:

Feel free to also describe some achievements you feel are highlights over your lifetime so far.

CHRISTIAN LIFE & EXPERIENCE

Please prayerfully answer the following questions, briefly, on a separate piece of paper (you may print or type) and attach this to your application form.

(If you would feel more comfortable speaking to somebody before completing this form, please feel free to call us.)

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

Where you are at currently

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a missions context? Why are you thinking about YWAM and DTS?

Why are you think about YWAM and DTS

10. How did you hear about Youth With A Mission?
11. What is your reason for applying for this particular DTS?
12. What are your hopes and expectations for yourself during this DTS?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families? Please take into consideration any dietary or health needs.

Please note: Answering YES to the following questions will not automatically exclude you from the DTS. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism? If so, please explain.
15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending? If so, please explain.

YWAM, as an agency work with children and young people, and is exempt from the UK Rehabilitation of Offenders Act 1974 and therefore all convictions, however old, must be declared by applicants.

16. Please list anything else you would like to know about you and your situation.

FINANCES

Main
Application
Form

Please read the Financial Policy Sheet before completing this section. Every staff person in Youth With A Mission is responsible to provide their own fees and personal living expenses. Each prospective trainee is expected to do the same. As you do the possible - use savings, earn the money, sell things you don't need (as directed by the Lord) - God will do the impossible. Where God guides, He will also provide.

(For current exchange rates please refer to your local bank.)

1. £ is what I have at the present time towards the school fees.
 £ is what my church/family/friends/others have pledged towards my fees.
 £ is what I still need for my fees.

How do you plan to raise the amount you still need?

2. a) List current financial obligations and how you expect to fulfil them.

b) Are you leaving a job to attend the DTS? Yes No

Should you be accepted for the school, how much notice do you need to give?

c) Give names of dependants you have and to what extent you are obliged to them financially.

LIABILITY, CONSENT & COMMITMENT

RELEASE OF LIABILITY

Though every effort is made to provide a safe environment, Youth With A Mission, their agents, employees and volunteer assistants are insured against loss or injury through their negligence.

In the absence of any negligence or other breach of duty by Youth With A Mission, participation in a Youth With A Mission organised programme, event or outreach is entirely at the participants own risk. Participants are required to have adequate health and accident insurance for all phases of their involvement with Youth With A Mission.

I / we do hereby release YOUTH WITH A MISSION, LTD, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course involvement with Youth With A Mission.

Applicant's signature:

Date:
(day/month/year)

CONSENT FOR TREATMENT

I/we do hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's signature:

Date:
(day/month/year)

COMMITMENT

- I have completed all portions of this application and if accepted by Youth With A Mission, I will, under
- God, abide by the spirit, authority and schedule of the programme. I understand that the Discipleship Training School consists of both the lecture phase and the field placement phase, and that by completing this application, I am making a commitment to both phases of the school.
- I confirm that I have read the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made).

I therefore undertake to pay all personal expenses during my involvement with Youth With A Mission.

Applicant's signature:

Date:



CONFIDENTIAL REFERENCE Discipleship Training School

To be completed by your **employer or teacher**
(someone who knows you in a work or classroom setting)

Employer's
REFERENCE

Please send this form to:

YWAM London – Notting Hill Team
252 All Souls Avenue
LONDON NW10 3AD
U.K.

CANDIDATE DETAILS (to be completed by applicant)

Name of applicant:
(Title, Surname, First Name)
Current address:

Telephone: Fax:
Email:

School applied for:
Starting Date:

Youth With A Mission and the DTS

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as their employer or teacher and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the student to use their skills. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

We need to receive this form before we can process this application - thank you.

PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 – Usually	2 – Often	3 – Sometimes	4 - Rarely		
Healthy	<input type="checkbox"/>	Leader	<input type="checkbox"/>	Reliable	<input type="checkbox"/>
Loner	<input type="checkbox"/>	Team Worker	<input type="checkbox"/>	Disruptive	<input type="checkbox"/>
Initiator	<input type="checkbox"/>	Aggressor	<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>
Worrier	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Energetic	<input type="checkbox"/>

ABILITY TO WORK IN TEAMS

Employer's /
Teacher's
REFERENCE

The applicant will be living and working closely with others for an extended period.
Please answer/comment on the following:

1. The applicant's attitude to work:
2. The quality and character of his/her work:
3. The applicant's maturity in making judgements:
4. The applicant's ability to be a part of a team:
5. The applicant's ability to handle conflict:

Have we overlooked anything which you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

YES (unreservedly)

YES (with some reservations)

NO

If you have reservations, your comments would be helpful:

I know the applicant: very well quite well a little very little

What is your relationship with the applicant:
(e.g. Employer / Teacher)

Name:

Address:

Tel:

Fax:

Email:

Signature: _____

Date:



CONFIDENTIAL REFERENCE Discipleship Training School

To be completed by your Church Minister or Leader

Church
Leader's
REFERENCE

Please send this form to:

YWAM London – Notting Hill Team
252 All Souls Avenue
LONDON NW10 3AD
U.K.

CANDIDATE DETAILS (to be completed by applicant)

Name of applicant:
(Title, Surname, First Name)
Current address:

Telephone: Fax:
Email:

School applied for:
Starting Date:

Youth With A Mission and the DTS

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We need to receive this form before we can process this application - thank you.

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Please assess the applicant on the qualities listed below according to the following evaluation system.

1 – Usually	2 – Often	3 – Sometimes	4 - Rarely		
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Worrier	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Energetic	<input type="checkbox"/>

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period. Please answer/comment on the following:

1. The applicant's may sometimes have to make difficult personal decisions under stressful conditions – e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he / she able to take a wider perspective when decision-making?

Yes: No: Comments:

2. The applicant's ability to be a part of a team
3. The applicant's maturity in making judgements:
4. The applicant's ability to handle conflict:
5. The applicant's motivation for getting involved in missions:

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian:
 2. The quality and extent of his/her Christian service:
 3. Do you know the applicant's family? Yes No
- Is there anything you think would be helpful to know about them?
(please comment on husband/wife AND parent/child relationship)
4. Have we overlooked anything you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

YES (unreservedly) YES (with some reservations) NO

If you have reservations, your comments would be helpful:

I know the applicant: very well quite well a little very little

What is your relationship with the applicant:

Name:

Address:

Tel:

Fax:

Email:

Signature: _____

Date:



CONFIDENTIAL REFERENCE Discipleship Training School

To be completed by a mature Christian friend

Mature Christian
Friend's
REFERENCE

Please send this form to:

YWAM London – Notting Hill Team
252 All Souls Avenue
LONDON NW10 3AD
U.K.

CANDIDATE DETAILS (to be completed by applicant)

Name of applicant:
(Title, Surname, First Name)
Current address:

Telephone: Fax:
Email:

School applied for:
Starting Date:

Youth With A Mission and the DTS

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The person named below has listed you as their mature Christian friend and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and two months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the student to use their skills. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our telephone number is +44 (0) 208 621 3423.

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Loner	<input type="checkbox"/>	Team Worker	<input type="checkbox"/>	Disruptive	<input type="checkbox"/>
Initiator	<input type="checkbox"/>	Aggressor	<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>
Worrier	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	Energetic	<input type="checkbox"/>

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period. Please answer/comment on the following:

- The applicant may sometimes have to make difficult personal decisions under stressful conditions e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he / she able to take a wider perspective when decision-making?

Yes: No: Comments:

2. The applicant's ability to be a part of a team:
3. The applicant's ability to handle conflict:
4. The applicant's motivation for getting involved in missions

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicants growth as a Christian:
2. The quality and extent of his/her Christian service:
3. Do you know the applicants family? Yes: No:

Is there anything you think would be helpful for us to know about them? (please comment on the husband / wife AND parent/child relationship)

4. Have we overlooked anything you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

YES (unreservedly) YES (with some reservations) NO

If you have reservations, your comments would be helpful:

I know the applicant: very well quite well a little very little

What is your relationship with the applicant:

Name:

Address:

Tel:

Fax:

Email:

Signature: _____

Date:



TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page.
(The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name:

Date of Birth:

Current Address:

School applied for:

GENERAL HEALTH:

Are you able to walk up to six miles (10 kilometres) in one day?
Please explain...

Are you able to carry out reasonably strenuous physical work?
Please explain...

Are you presently in good health?
Please explain...

FOR WOMEN ONLY

Have you had any problems with pregnancy or menstrual periods? Please explain...

MEDICAL HISTORY

Medical
REFERENCE

Please answer the following questions as fully as possible:

List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION

List any SERIOUS ILLNESS in your FAMILY :
ILLNESS

Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health:

List any MEDICATIONS which you take, either on a regular basis, or only when needed:

What is your HEIGHT?

What is your WEIGHT?

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

Is there any other information which will be helpful for us to know as we consider your application?

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for the release of relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signature:

Date:

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped and addressed envelope so that he or she can post it direct to YWAM.



MEDICAL REPORT
TO BE COMPLETED BY THE
DOCTOR WHO HOLDS YOUR MEDICAL
RECORDS

Medical
REFERENCE

Please send this form to:

YWAM London – Notting Hill Team
252 All Souls Avenue
LONDON NW10 3AD
U.K.

MEDICAL REPORT

Name of applicant:

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training in the United Kingdom and Ireland, but the practical field placement may involve work in primitive situations anywhere in the world. Sometimes there are limited medical facilities. If the applicant could require emergency medical treatment, please give details.

To protect the privacy of the applicant please return this form in a sealed envelope clearly marked with applicant's name and the words MEDICAL REPORT.

Please make any comments or additions on:

PAST HISTORY:

RELEVANT FAMILY HISTORY:

CURRENT MEDICATION:

WEIGHT and GENERAL FITNESS:

GENERAL HEALTH:

Is the applicant free from INFECTIOUS DISEASES:

Has the applicant had any ALLERGIC REACTIONS:

Has the applicant had problems with any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric problems (including depression, panic attacks, anxiety and eating disorders, etc) | <input type="checkbox"/> Endocrine disorders |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Adverse reactions to stressful situations |
| <input type="checkbox"/> Anaemia or blood disorders | |
| <input type="checkbox"/> Needs to be within 20 minutes of a medical facility | |

Please give details...

Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant?

Doctor's Signature:

Name and Address (or practice stamp):



PASSPORT / VISA INFORMATION

Photo /
Passport
Information

PASSPORT AND VISA INFORMATION

School applying for:

Please send 3 (three) passport size photographs with this form

Please send this document, completed and with photos, in a separate, sealed envelope and include it in your application package.

It is NOT part of the application process.

Please note: You must have a passport valid for at least two month prior to the beginning of the school and six months after the end of the school outreach phase for visa application purposes.

Please attach one of
your photographs
here

Name as listed on passport:

Date of birth:
(day / month / year)

Place of birth:

City:

Country:

Citizenship/nationality:

Passport Number:

Place of Issue:

City:

Country:

Date of issue:
(day / month / year)

Date of expiry:
(day / month / year)



IMMUNISATION

IMMUNISATION

Full Name:

Date of birth:
(day / month / year)

Important Note on Immunisation

It is very important for us to have an accurate record of ALL listed immunisations that you have not had including the specific month/year.

Please Note

- Your diphtheria / tetanus and polio immunisations must be current
- You must have a tuberculosis skin test
- Non UK citizens must have a current Typhoid and Hepatitis A Immunisation

The other immunisations listed are not required for acceptance, but we must know whether you had them or not as they may be required for your outreach. Any additional immunisations that may be required for outreach will be given by a local doctor and you will be charged accordingly.

Blood Type:

It is important and a requirement by the insurance company to know your blood group.

Immunisation Record: For official YWAM London DTS only								
	No	Yes	Date	Batch	Date	Batch	Date	Batch
Diphtheria / Tetanus (10yrs)								
Polio (10yrs)								
Tuberculosis (skin test)								
Typhoid (3yrs)								
Hepatitis A								
Hepatitis B								
Rabies								
Meningitis (3yrs)								
Yellow Fever								