



YWAM Tasmania  
Po Box 55 Sorell  
Tasmania 7172 Australia  
Phone & Fax 03 62652108  
E-mail: mail@ywamtasmania.org

Institute for the Nations RTO 0449  
CRICOS Reg. No. 02023

## Application for the Discipleship Training School

### Instructions:

Please answer all the questions below on each form. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling, as students must complete separate forms.

**1. Fill out the Application Form and attach a recent photograph of you** (does not have to be a passport photo)

**2. Answer the following questions on a separate sheet of paper.** (Print or type and attach to your application form).

- a) Please describe your conversion experience and your present spiritual relationship with the Lord (no more than one page).
- b) What areas of your character are you presently seeking God to further develop and improve?
- c) Do you feel that God has given you, or is leading you into, any particular area of ministry?
- d) What church involvement have you had?
- e) How would you describe the relationships within your family?
- f) Is there any outstanding problem or difficulty in your life?

**3. Send in registration fee with Application Form**

Your \$AUD 30.- registration fee must be forwarded with your application. Overseas applicants, please forward the registration fee by bank draft in Australian Dollars or direct deposit into our account :

Youth With A Mission Tas. Inc. at Westpac Sorell, BSB 037621 Account number: 133972

Please let us know which payment option you choose. (This fee is not refundable).

**4. Organize Confidential References**

A confidential reference form must be given to your:

- i) Pastor/spiritual leader
- ii) Employer/business associate/teacher
- iii) Friend (who knows you well)

**5. Send in Confidential Health Forms (parts A & B)**

The confidential health form requires Part A to be completed by you, the applicant. Part B should then be given to your doctor for his/her completion. Please note that dependants 16 years and over must also meet this requirement.

**6. Organize a passport.**

Everyone attending a YWAM School must have a valid passport with an expiration date of at least six months after the conclusion of the school.

**A note on visas for overseas students:**

To be able to apply for the appropriate visa we need to have processed your application forms first. We can then assist you in obtaining your visa.



Citizenship ..... Passport No .....Expires .....Place of Issue .....

**EDUCATIONAL HISTORY:**

High/Secondary School or equivalent from which you graduated or will be graduating:

Name: ..... Location: .....

Date of Graduation ..... I have not completed High/Secondary school.....

**FINANCIAL SUPPORT:**

Do you have your complete school fees? .....

If not, how much do you presently have? .....

How do you anticipate the provision of the outstanding amount?

.....  
.....

**NAMES AND ADDRESSES OF CONFIDENTIAL REFEREES:**

1.).....

.....

2.).....

.....

3.).....

.....

I certify that all information in this application is accurate

Signature: ..... Date: .....

\_\_\_\_\_

**Release of liability**

I/We do hereby release Youth With A Mission Tas. inc., it's 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 of involvement with Youth With A Mission.

Applicant's signature.....Date.....

Signature of parent/guardian required if applicant is less than 18 years of age

Parent/guardian signature.....Date.....

Relationship to applicant:.....

\_\_\_\_\_

**Consent for treatment**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, the attending doctor or physician may deem necessary.

Applicant's signature.....Date.....

Signature of parent/guardian required if applicant is less than 18 years of age

Parent/guardian signature.....Date.....  
Relationship to applicant:.....

### **Confidential Reference for Discipleship Training School**

Youth With A Mission Tasmania, "Coast to Wilderness" PO.Box 55 Sorell, Tas 7172 \* Ph. & Fax 61 3 62652108 \*  
e-mail: ymtas@bigpond.net.au

Name of Applicant:

Last ..... First ..... Middle .....  
Street ..... City ..... State.. ..... Postcode .....  
Phone..... Fax ..... e-mail.....

The above applicant has applied for admission to a Youth With A Mission Discipleship Training School. This course is a prerequisite to all other courses Youth With a Mission offers in Australia and worldwide. Youth With A Mission (YWAM), an international, interdenominational Christian missionary organization founded in 1960, now has centers in over 600 locations on all six continents.

What is your relationship to the applicant? (Please tick)

- (I) Pastor/spiritual leader\_\_\_
- (ii) Employer/Business Associate/Teacher\_\_\_
- (iii) Friend\_\_\_

#### **Personal Profile**

From your knowledge of the applicant could you please comment on any or all of the following areas, especially those you feel would be helpful in our assessing the applicant's suitability for the Discipleship Training School. These comments will be kept in confidentiality. Upon request the Student may view this reference.

Initiative .....  
Social Adaptability .....  
Concern for Others .....  
Ability to Follow .....  
Leadership Capabilities .....  
Judgment .....  
Emotional Stability .....  
Personal Grooming .....  
Health .....  
Moral Standards .....  
Reliability .....  
Cooperativeness .....  
Flexibility .....

Disposition .....  
Punctuality.....  
Academic Capacity.....  
Work Capacity .....  
Financial Responsibility .....  
Any additional comment or concern arising of the above is welcomed:.....  
.....

Please comment on the applicant's family background (if known)  
.....

Do you know of any prejudice against groups, races or nationalities that the applicant may have?  
If yes, please Explain  
.....

What involvement does the applicant have with his/her local church?  
.....

How would you describe the applicant's Christian experience?  
.....

With reference to the applicant's commitment to the Lord and present direction please comment on his/her suitability for the DTS. The DTS emphasizes Christian character development and personal application of truth in preparation for the task of world evangelism  
.....

Please add any other relevant remarks  
.....

I have known.....for.....Months/Years

Signed ..... Date .....

Name.....

Address .....

Telephone ( ) .....

Would you like to receive further information about YWAM      Yes      No

Please direct all forms to the Registrar Youth With A Mission

PO.Box 55

Sorell, Tas 7172

Australia

International Fax: 61 3 62652108 Within Australia:03 62 652108

International Phone: 61 3 62 652108 Within Australia: 03 62652108

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Signed ..... Date .....

Name.....

Address .....

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## Confidential Health Form Part A

TO THE STUDENT: This information is treated confidentially and separately from your academic records. Answer all questions in ink or by typing in English. Arrange to complete the Part B form through your physician. (Required also for all accompanying dependants 16 years and older.)

Name, last..... First.....Middle.....  
Street.....City.....State.....Postcode  
Phone..... Fax.....e-mail.....

### A. PERSONAL HISTORY

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet. Have you ever had, or do you have, any of the following (Tick where appropriate):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Skin conditions                      | <input type="checkbox"/> Shortness of breath     | <input type="checkbox"/> Stomach problems     |
| <input type="checkbox"/> Eye trouble                          | <input type="checkbox"/> Hayfever                | <input type="checkbox"/> Ulcer                |
| <input type="checkbox"/> Ear trouble                          | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Gallbladder problems |
| <input type="checkbox"/> Headinjury                           | <input type="checkbox"/> Heart trouble           | <input type="checkbox"/> Hepatitis            |
| <input type="checkbox"/> Recurrent headache                   | <input type="checkbox"/> High blood pressure     | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Epilepsy                             | <input type="checkbox"/> Low blood pressure      | <input type="checkbox"/> Kidney disease       |
| <input type="checkbox"/> Fainting spells                      | <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Venereal disease     |
| <input type="checkbox"/> Mental or nervous disorders          | <input type="checkbox"/> Back problems           | <input type="checkbox"/> Tumor/Cancer         |
| <input type="checkbox"/> Weakness                             | <input type="checkbox"/> Broken bones            | <input type="checkbox"/> Aids (HIV)           |
| <input type="checkbox"/> Paralysis                            | <input type="checkbox"/> Dislocation of joints   |   |
| <input type="checkbox"/> Insomnia                             | <input type="checkbox"/> Appendectomy            |   |
| <input type="checkbox"/> Allergy (specify):<br>_____<br>_____ | <input type="checkbox"/> Tonsillectomy           |   |
|   | <input type="checkbox"/> Other surgery:<br>_____ |   |

### FEMALES ONLY:

- irregular periods  
 severe cramps  
 Pregnant

Are you at present under the doctor's care for any condition? No\_\_ Yes\_\_  
Specify.....

Are you taking medication at this time? No\_\_ Yes\_\_  
Specify.....

Do you now or have you ever received any compensation for disability from any source? No\_\_ Yes\_\_  
Specify.....

Have you ever had any of the following communicable diseases?

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Pertussis     | <input type="checkbox"/> Other (specify):<br>_____<br>_____ |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Scarlet fever |   |
| <input type="checkbox"/> Mumps      | <input type="checkbox"/> Tuberculosis  |   |

Have any of your (blood) relatives ever had the following:

- |                                       |                                   |   |                               |   |
|---------------------------------------|-----------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> AIDS | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Kidney disease |                               |   |

