



PROCEDURE FOR APPLICATION

PLEASE READ BELOW BEFORE YOU BEGIN FILLING OUT YOUR FORMS!!

Thank you for applying to YOUTH WITH A MISSION Worcester! May you know God's grace as you seek His direction for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space. Husbands and wives enrolling as students must complete separate applications.

1. APPLICATION FEE

A nonrefundable Application fee of R200 for South African residents (US\$50 single applicants outside South Africa) is to be forwarded with the application. Your application cannot be processed without it.

2. APPLICATION FORM / HEALTH FORM / PHYSICIANS EVALUATION

These forms must be completed by you / your doctor for any initial school you wish to do at YWAM, Worcester.

3. LIFE QUESTIONS

Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.

4. FINANCIAL AGREEMENT

Please read carefully, complete and sign the Financial Policy and Indemnity form. Please note that signing this form commits you to the payment of the fees as set out in the Financial Policy.

5. REFERENCE FORMS

On each of the two Confidential Reference Forms fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each another person who knows you well e.g. employer, teacher, friend. If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor. **As these forms are confidential please ask them to complete the form and post it DIRECTLY to YWAM Worcester.** We must receive them BEFORE we can process your application.

6. Photographs.

Please submit two recent ID photographs with your application.

7. Overseas applicants

Please note our fax number. Should the time you have to return your forms be limited, you may fax the forms and post the originals, plus photographs and application fee. Please note however that we require the original forms to process your application in full.

IMPORTANT!

Non South African students are encouraged to apply early once the process for a study permit can take a long time.

Please send all forms or inquiries to:

The Registrar - Youth With A Mission
PO Box 926
Worcester 6849 South Africa
Tel: (27) 23 347-7040 Fax: (27) 23 347-7042
e-mail: registrar@intekom.co.za or arts@tdts.info

PLEASE NOTE:

All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course. Part of your course will include a daily two-hour work duty as well as a weekend kitchen duty in a three-month period.



Please, attach a recent photo of yourself here

STUDENT APPLICATION FORM
APPLICANT DETAILS

SCHOOL BEING APPLIED FOR

Troubadour DTS (TDTS) with focus on creative arts
 April 2 to September 16, 2010

Is your Registration fee enclosed? Yes No

PERSONAL INFORMATION

Mr. Mrs. Miss

Surname

First Name

Middle Names

Preferred Name

CONTACT DETAILS
Permanent Address

Present Address

Telephone (include country & area code)

Mobile (please print legibly)

Fax (include country & area code)

E-mail address (please print legibly)

Date of Birth

Day / Month / Year

Age

Gender: Male Female

Marital Status:

- Single Engaged
 Married Separated
 Widowed Divorced

Spouse's name (if applicable)

Date of Birth

Day / Month / Year

Age

Children

Name _____ Day / Month / Year _____

Name _____ Day / Month / Year _____

Name _____ Day / Month / Year _____

Name _____ Day / Month / Year _____

Please take note that married people **MUST** be accompanied by their spouse and children.

PASSPORT DETAILS

Name as in Passport

Country of citizenship

Passport number

Valid until

Day / Month / Year

EMERGENCY INFORMATION

In case of emergency contact:

Mr. Mrs. Miss

Surname

First Name

Relationship, i.e. Father, Mother, brother, etc.

Telephone (include country & area code)

Cellphone (include country and area code)

E-mail address

HOME CHURCH

Church

Denomination

Pastor's Name

Telephone (include country & area code)

E-mail address:

Address

Address

STUDENT EMERGENCY INFORMATION

Height Weight Blood Type Rh

cm Kg Neg Pos

Are you allergic to any drugs?

Yes No

Please, specify:

Specify allergic reactions

CONSENT FOR TREATMENT

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

Applicant's signature

Dated

Day / Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian

Signature

Dated

Day / Month / Year

INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Applicant's signature

Dated

Day / Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian

Signature

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FINANCIAL POLICY

YOUTH WITH A MISSION is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The costs are met by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a programme. You will be expected to provide your fees as listed below.

REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All South African residents and citizens applying from within the Country shall pay R200.00.
2. All applicants applying from abroad shall pay \$50 each, and \$75 for couples.

COSTS OF ALL SCHOOLS PER PERSON PER QUARTER

Food, lodging, and tuition for each quarter (3 months of the lecture phase) costs as follows (based on the Per Capita Income of the nation in which the student has citizenship):

Category A: First World Nations, e.g. the North American, European Union, and Australasian (including Japan) nations will pay **R16 600** (Sixteen thousand six hundred Rand) **plus R 800** (eight hundred Rand) for arts supplies. **Total: R17 400**

Category B: Second World nations, e.g. the G 22 group (including Nigeria, South Africa, Russia, Malaysia, Brazil, Korea etc.) will pay **R12 500** (Twelve thousand five hundred Rand) **plus R 800** (eight hundred Rand) for arts supplies. **Total: R13 300**

Category C: Third World nations, e.g. India, Malawi, Kenya, Ghana and South Africans coming from a third world environment (previously disadvantaged communities) will pay **R7 990** (Seven thousand nine hundred and ninety Rand) **plus R 800** (eight hundred Rand) for arts supplies. **Total: R8 790.**

* Spouse not attending a school	R7 990
* Children under two years	FREE
* Children 2-6 years	R2 900
* Children 7- 17 years	R4 800
* Youth over 17 years	R7 990
* Nanny attending the children	R7 990
* Airport Pickup	
1 Person	R 500
2 Persons	R 300 p/p
From 3 Persons	R 250 p/p

PAYMENT PLANS

A. Normal plan: 100% on or before the day of registration.

Or if arranged upfront with the school director:

B. Monthly Plan: 35% on or before the day of registration. 35% after the first 4 weeks. 30% after another 4 weeks.

LATE PAYMENTS

No late payments are allowed for students doing their very first school with YWAM Worcester.

No student will be allowed to stay on a school beyond the 3rd week if no payment is received.

Late payments may be allowed in instances other than the first should satisfactory arrangements are made with the school leader.

Late payments may be subject to a 10% penalty.

METHOD OF PAYMENT

Due to the volatility of our Rand against most other major currencies this base now works only in our local currency. We are however in a position to take any foreign currency and bank this and credit you with its value on the day we do the transaction.

SCHOLARSHIPS

As our prices are among the lowest, there can be no further reduction on the fees. Since YWAM is an international, interdenominational, multilingual, and multiracial organization, the fee schedule takes all of the above factors into consideration in order to make university level education accessible to applicants meeting the requirements for admission. We view the higher fees paid by students from more advantaged communities as their contribution to the process of empowering others who are less fortunate. Such generosity is always a welcome return to our founding values. Further more, we deeply appreciate the participation of students who feel the way we do about helping the needy.

NB: Should a student not complete a school the international refund policy on page 29 of the University of the Nations catalogue, 2008-2010 will be applied to the student's refund claim.

COSTS FOR OUTREACHES:

These costs are separate from the lecture phase and will differ depending on where the outreach will be.

Please Note: ALL prices are subject to change without prior notice.

FINANCIAL SUPPORT

South African only: Do you live in a previous disadvantaged community?

Yes No

Do you have your complete school fees?

Yes No

If answered, NO, how much do you presently have?

South African Rand

How do you anticipate the provision of the outstanding balance of your school fees?

Do you have financial support?

Yes No

Do you have any outstanding debt?

Yes No

If answered Yes, how much does it total?

South African Rand

How and by when will it be repaid?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/we have read and understood the Financial Policy of YWAM Worcester. I/we understand that the payment of the required school fees must be made as set out under "Payment Plans".

Further, I/we agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant's signature

Dated

Day / Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian

Signature

Dated

Day / Month / Year



LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper. When answering the Life Questions, and especially the questions on your spiritual life, please answer as openly and fully as possible. This will help us to assess your application better.

A. SPIRITUAL LIFE

1. Describe your conversion experience and your present spiritual relationship with the Lord (no more than one page).
2. Have you been called to the mission field? If YES, give a brief account of your calling.
3. Why have you applied for this school? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone & fax number & E-Mail address (if applicable) of both the church and the minister/pastor.
2. Does your minister/pastor approve of you joining YWAM/doing this school? Will your church be willing to send you out as their missionary? Will your church be willing to support you financially? If the answer is no to any of these questions, please state the reason.
3. What leadership or church work have you been involved in? In your answer, please state where, when and with whom.

C. PERSONAL LIFE

1. From the following list tick the words that in your opinion best describe yourself:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> active | <input type="checkbox"/> persistent | <input type="checkbox"/> guilty |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> hard-working | <input type="checkbox"/> courageous |
| <input type="checkbox"/> nervous | <input type="checkbox"/> self-confident | <input type="checkbox"/> people lover |
| <input type="checkbox"/> impatient | <input type="checkbox"/> excitable | <input type="checkbox"/> humorous |
| <input type="checkbox"/> moody | <input type="checkbox"/> calm | <input type="checkbox"/> loyal |
| <input type="checkbox"/> imaginative | <input type="checkbox"/> sensitive | <input type="checkbox"/> ambitious |
| <input type="checkbox"/> serious | <input type="checkbox"/> optimistic | <input type="checkbox"/> easy-going |
| <input type="checkbox"/> good-natured | <input type="checkbox"/> perfectionist | <input type="checkbox"/> introvert |
| <input type="checkbox"/> quiet | <input type="checkbox"/> depressed | <input type="checkbox"/> extrovert |
| <input type="checkbox"/> likable | <input type="checkbox"/> submissive | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> fearful | <input type="checkbox"/> hurting | <input type="checkbox"/> insecure |
| <input type="checkbox"/> lonely | <input type="checkbox"/> sincere | <input type="checkbox"/> practical |
| <input type="checkbox"/> self-conscious | <input type="checkbox"/> flexible | |
| <input type="checkbox"/> organized | <input type="checkbox"/> warm | |

2. If you are not of age (under 21), do your parents approve of you joining YWAM?
3. Describe your present relationship with your parents and the rest of your family.
4. What are your interests and hobbies?
5. Describe your artistic gift(s). *We understand as an artistic gift anything that's creative like: music, dance, drama, fine arts, drawing, graphic design, photography, fashion design, chef, sculpting, poetry, video-production, etc.*
6. Send in together with your application form a CD, DVD, Picture or Photograph which shows us more about your artistic gift(s).

5. Have you ever been involved in:
(Please answer each one separately)

- Drug abuse
- Alcohol abuse
- Occult practice
- Sexual immorality
- Tobacco (cigarettes)

If YES, please give details stating your present position.

D. MEDICAL LIFE

1. Do you have any physical disabilities? If YES, please give details.
2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including manic-depression? If YES, please give details and what your present situation is.
4. Do you have any learning difficulties? If YES, please give details.

E. OTHER

1. List your previous employers and the positions you have held for the last two years.
2. Should you be accepted, by when do you have to hand in your notice?
4. List the names, addresses, telephone & fax numbers and E-Mail address of the two people you have handed the confidential reference forms to.
5. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or in small quarters for families?
6. List your abilities and talents (music, carpentry, sewing, first aid, etc.)
7. Is there anything else that you would like to tell us about that would help us to know you better?

F. EDUCATIONAL INFORMATION

Have you graduated from High/Secondary school or equivalent? If "Yes", list date of graduation and name of Certificate/diploma received.

G. ENGLISH PROFICIENCY

To be answered if your native language is NOT English
Please indicate by number your proficiency in English.

(1 = Very bad and 5 = Very Good)

1. What is your ability to speak English?
 1 2 3 4 5
2. How well can you understand spoken English?
 1 2 3 4 5
3. How well can you write in English?
 1 2 3 4 5
4. What is your ability to understand Written English?
 1 2 3 4 5



YWAM BACKGROUND INFORMATION

To be filled by YWAMers

SCHOOLS

1. Have you previously attended an YWAM school(s)?

Yes No

If Yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

School

Location

Outreach location

Year of completion

School

Location

Outreach location

Year of completion

School

Location

Outreach location

Year of completion

School

Location

Outreach location

Year of completion

DEGREE

Are you pursuing a U of N degree? Yes No

University of the Nations College

Major

Degree Level

Number of Credits pending

STAFF BACKGROUND

Have you ever been on YWAM staff?

Yes No

If Yes, please list below:

Staff Position

Location

Period

Supervisor

Staff Position

Location

Period

Supervisor

Staff Position

Location

Period

Supervisor

Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

Applicant's signature

Dated

Day / Month / Year

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian

Signature

Dated

Day / Month / Year



CONFIDENTIAL HEALTH FORM

TO BE FILLED IN BY PROSPECTIVE STUDENT ONLY

To the student: This information is treated confidentially and separate from your academic records.

Please answer ALL questions. Explain any 'YES' answers in the space below or on a separate sheet of paper.

Have you ever had, or do you have, any of the following?

- Skin conditions
- Shortness of breath
- Stomach/Duodenal Ulcer
- Eye trouble
- Hay Fever/Asthma
- Gall bladder problems
- Ear trouble
- Heart trouble
- Jaundice
- Head injury
- High blood pressure
- Hepatitis
- Recurrent headache
- Low blood pressure
- High blood pressure
- Insomnia
- Anorexia Nervosa
- Tumor
- Cancer
- Appendectomy
- Tonsillectomy
- Intestine troubles
- Epilepsy
- Rheumatism/Arthritis
- Recurrent diarrhea
- Fainting spells
- Back problems
- Diabetes
- Kidney Disease
- Dislocation of joints
- Mental/Nervous Disorders
- Weakness
- Broken bones
- Anemia
- Paralysis
- Eating disorders
- Venereal disease
- Allergy
- Bulimia
- Surgery
- Hernia repair

FEMALES ONLY

- Irregular Periods
- Excessive flow
- Severe cramps
- Are you pregnant?

OTHER / If you answered YES to any of the above questions, please explain:

Do you have any physical handicaps or health conditions that require special attention?

- Yes No

Specify

--

Do you have a history of emotional instability or psychiatric treatment?

- Yes No

Specify

--

How would you rate your health condition?

- Excellent
 Good
 Fair
 Poor

Is there anything that you think we should be aware of?

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Injectable or oral Polio vaccine
- Tetanus
- Typhoid vaccine
- Hepatitis A
- Hepatitis B
- Meningitis vaccine
- MALARIA (You will not need malaria prophylaxis during your time in Worcester. You will need it if you go to a malaria area during your outreach. These drugs are readily available in Worcester Drug Stores.)



PHYSICIAN'S EVALUATION - To be completed by your doctor

TO THE PHYSICIAN:

The above-named person has applied for service with YOUTH WITH A MISSION. This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Name of Patient

Blood Pressure <input type="text"/>	Pulse <input type="text"/>	CG (over 40) <input type="text"/>
Visual acuity (Without glasses) Right / Left <input type="text"/>	With glasses Right / Left <input type="text"/>	Hearing Right / Left <input type="text"/>

Are there any abnormalities of the following systems? Please describe fully.

Ears/Nose/Throat <input type="text"/>	Eyes <input type="text"/>	Neurological <input type="text"/>
Cardiovascular <input type="text"/>	Respiratory <input type="text"/>	Musculoskeletal <input type="text"/>
Endocrine <input type="text"/>	Lymphatic <input type="text"/>	Dermatological <input type="text"/>
Hernial Orifices <input type="text"/>	Urological <input type="text"/>	Psychiatric <input type="text"/>

Would he/she be able to walk 5 - 10 kilometers per day? Yes No

Comment

PHYSICIAN'S RECOMMENDATION:

- Acceptable without limitations
- Acceptable with limitation
- Not acceptable (Should remain where adequate medical care is available).

Physician's Name (PRINT)

Address

Telephone:

Day / Month / Year

Signature

Stamp



Return all forms to:

The Registrar
YWAM Worcester
P.O. Box 926
Worcester 6849
South Africa
Tel: +27(0)233477040
Fax: +27(0)233477042
Email: arts@tdts.info

PASTOR/ PASTORAL STAFF CONFIDENTIAL REFERENCE FORM

Name of Applicant

School

Name of Referee

The applicant named above has applied for admission to one of YOUTH WITH A MISSION's school/ministries. YWAM is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The above named applicant has applied for admission to the above-named school at Youth With A Mission Worcester. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the program applied for.

1. RELATIONSHIP WITH APPLICANT

What is your relationship with the applicant?

How long do you know the applicant?

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little and 10 being intimately)

- 1 2 3 4 5 6 7 8 9 10

2. CHRISTIAN EXPERIENCE

For how long has the applicant attended your church? (if applicable)

In what ways has the applicant been involved in the church and its programme?

In your consideration, which of the following would best describe the applicant's Christian experience?

- Mature Contagious
- Over-emotional Superficial
- Genuine & growing

3. PERSONAL PROFILE

Please describe in your own words how you would rate the applicant in the following areas:

Initiative

Attitude to work

Social adaptability

Reliability

Personal appearance

Co-operation

Concern for others

Self-discipline

Leadership

Christian character

Emotional stability

Temperament

Ability to follow

Punctuality

Flexibility

Perseverance

Stewardship

Ability to cope with stress

Please, indicate what words or descriptions pertain to the applicant:

- impatient
- intolerant
- easily embarrassed
- offended
- frequently worried
- nervous or tense
- addictive behavior
- erratic in attitudes or actions.
- domineering
- argumentative
- critical of others
- discouraged
- anxious
- given to moods
- unable to cope with stress
- prejudiced towards groups/races/nationalities

If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.

Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?

Yes No If YES, please explain.

4. FAMILY BACKGROUND

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

5. ADDITIONAL COMMENTS

Does the applicant display prejudice towards other races or nationalities?

Yes No Unaware If YES, please explain.

Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality?

Yes No Unaware If YES, please explain.

Is the applicant financially responsible?

Yes No Unaware If YES, please explain.

Does the applicant respond well to authority?

Yes No Unaware If YES, please explain.

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary)

6. RECOMMENDATION

Would you recommend the applicant?

- Definitely Unsuitable
- At this time, he/she is unsuitable
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect
- Unusually exceptional prospect

7. REFEREE INFORMATION

I declare that the contents of this confidential reference are correct to the best of my knowledge

Mr. Mrs. Miss

Surname

First Name

Telephone (include country & area code)

Mobile (include country & area code)

E-mail address

Signature

Dated

Day / Month / Year

Thank you for your assistance. Would you like to receive further information about YWAM Worcester?

Yes No

Please phone us on +27 (0)23 3477040 if you have any additional comments.



Return all forms to:

The Registrar
YWAM Worcester
P.O. Box 926
Worcester 6849
South Africa
Tel: +27(0)233477040
Fax: +27(0)233477042
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CONFIDENTIAL REFERENCE FORM

Name of Applicant School

Name of Referee

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Mr. Mrs. Miss

Surname

First Name

Telephone (include country & area code)

Mobile (include country & area code)

E-mail address

Signature

Dated

Day / Month / Year

Thank you for your assistance. Would you like to receive further information about YWAM Worcester?

Yes No

Please phone us on +27 (0)23 3477040 if you have any additional comments.