



Institute for the Nations, Australia Youth With A Mission - Brisbane

GUIDE TO COMPLETING DTS APPLICATION

The following items must be submitted with all applications. All the questions on the application must be completed. 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 application forms.

1. Application Form.

The following application form is used when applying for all schools with YWAM in Brisbane, Australia.

2. Personal History

Please prayerfully answer the questions on a separate sheet of paper (print clearly or type) and attach to your application.

3. Medical Requirements

The Health Form requires some details to be completed by your doctor. Please note that if you have any dependants 16 years or older accompanying you on the school, you will need to make copies of this form for their use.

4. Confidential References

A confidential reference form must be completed by someone other than a close relative and be given to the following:

1. Pastor/Spiritual leader
2. Someone who knows you well (friend, co-worker, church member)

Request that they complete the form and mail it **directly to the Registrar**. To help us out, please list the names and addresses of these referees in the space provided in this application form when you mail it in.

5. Application Fee

Your \$30.00 AUD application fee must be forwarded with your application. This fee is **non-refundable**. If you are an **overseas applicant** please send application fee by Visa/MasterCard in **Australian Dollars**. Please no personal cheques from overseas. Australians may pay by Visa/MasterCard, bankcard or money order. Please see the form below.

6. English Proficiency Test

If English is not your first language, please include one of the following as proof of your English language level.

- Test Of English as a Foreign Language (TOEFL) test with score of 5.5 or higher
- International English Language Testing System (IELTS) test of 4.5 or higher
- Studies in an English speaking school for 1 year
- studied English for 4 years with passing grades

Please provide a copy of the original transcript and a translation into English with an explanation of the grading scale.

7. Phone Interview

Once we receive your full application a DTS Leader will arrange to have a phone call with you to check your English language proficiency and to discuss your interests in the DTS.

Important: Applications from overseas students should be received at least 4 weeks prior to the start of the school (however, some countries may need up to 3 months for visa processing). Australian applicants please have applications in no later than 2 weeks prior to the Course.

CHECKLIST FOR COMPLETING APPLICATION:

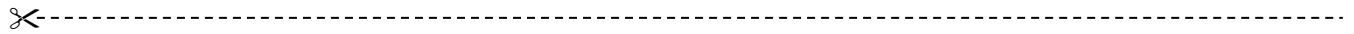
- Part One- Personal Details
- Part Two- Answers to Personal History Questions
- Part Three- References handed out to respective persons
- Part Four- Payment Schedule and Refund Policy read
- Part Five- Personal Medical History filled out
-Doctor's Evaluation completed
- Proof of English Language (second language speakers only)
- \$30 AUD Application fee enclosed
- Phone Interview

Please direct all forms to the following address:

*The Registrar
Youth With A Mission
671 Samford Road
Mitchelton, QLD 4053
Australia
Phone: 61 7 3855 5111
Fax: 61 7 3855 5222
Email: info@goywam.com*

PAYMENT

We accept payments by International Bank Draft or Credit Card. To pay by Visa or MasterCard please use the form below or pay online at www.goywam.com.



Your Name: _____

School: _____ Start Date: _____

Method of Payment:

- MasterCard Visa Australian cheque or money order International Bank Draft

Card Holder's Name: _____

Credit card number: - - -

Expiry Date: ____/____
 Month Year

CCV (last 3 digits located on the signature panel)

Payment of \$30 Australian dollars.

Cardholder's Signature: _____ Date: _____



**Institute for the Nations
Youth With A Mission - Brisbane
DTS Application Form**

Please print in BLOCK letters.

PART 1- Personal Details				
Tick ✓ what you are applying for	<input type="checkbox"/> MAD / Video & Photography DTS <input type="checkbox"/> Sports DTS <input type="checkbox"/> Pathfinders DTS <input type="checkbox"/> Beach to Bush DTS		Start Date month/year	
Name	Title:	Family/Surname:		Preferred:
	Legal First name:			Middle Name:
Permanent Address	Street Address:			
	City:	State/Province:	Post/Zip Code:	Country:
Current Address (if different from above)				
Contact Info	Home phone:		Work Phone:	
	Fax number:		Email:	
Birth Details	Date of Birth (day/spell month/year):	Country of Birth:	City of Birth:	Age:
Country of Citizenship:				
Languages Spoken	Home Language:		Other Languages:	
	How well do you speak English? (circle one) <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well			
	If English is not your first language, have you: <input type="checkbox"/> Studied for more than 2 years in an English speaking school? <input type="checkbox"/> Studied English for more than 3 years in school, with a passing grade of at least 80%? <input type="checkbox"/> Undertaken TOEFL or IELTS and completed with a passing grade? <input type="checkbox"/> Successfully completed another YWAM school primarily delivered in English *Please attach documentation			
Marital Status (circle one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		Spouse's name (if applicable):	
Children's Details (names, birth dates)				
Education	Level of High/Secondary School: (circle one)			
	<input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or Equivalent <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> none			
	Any other training or education?			



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Part 1- Personal Details (continued)		
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Details:
Do you have any current or recent struggles with substance abuse? (drugs, alcohol, smoking, etc.)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Details:
Disabilities	Do you have any of the following disabilities? <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other	If yes, please explain further here, or on the medical evaluation:
Have you had any training with YWAM? (what, when, where?)		
Do you have the complete school fees?	(If no, how much do you presently have in Australian dollars?)	
How do you anticipate the provision of the remaining amount?	(Do you have financial support?)	
Do you currently hold a Blue Card for Working with Children in Queensland?	(If yes, please give number and we'll send you a verification form. If no, you will be required to apply for one and we will send you a form.)	
Study Reasons	What is the reason for your study with us: <input type="checkbox"/> To get a job <input type="checkbox"/> To better my existing business/ministry <input type="checkbox"/> To start my own business/ministry <input type="checkbox"/> To try a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job/ministry <input type="checkbox"/> I want extra skills for my job/ministry <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other reasons <input type="checkbox"/> For personal interest or self-development	



**Institute for the Nations
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DTS Application Form**

Part Two – Personal History

Please prayerfully and concisely answer the following questions on a **separate** sheet of paper (print or type) and attach it to this application form.

1.	Please describe how you came to the decision of making Jesus Lord of your life (no more than one page).
2.	Please describe your present relationship with the Lord. Be as specific as you can (e.g. your prayer life, your struggles, etc.)
3.	What areas of your character do you desire to change and further develop?
4.	Is God leading you into any particular area of ministry?
5.	Describe the involvement you have had with your church. Does your church support you in your decision to join the DTS?
6.	Describe the state of relationships within your immediate family.
7.	What are you expecting to receive during the DTS? What do you want to see happen in and through your life during the DTS?
8.	Are there any areas of your life you consistently struggle with that you would like help with during the DTS?
9.	Please describe your reasons for doing this specific DTS (including reasons for choosing this focus and this YWAM Base).
10.	How did you find out about the DTS?

Part Three- Confidential References

Please find attached three *Confidential Reference Forms*. Give one form each to your Pastor/Spiritual leader, and the second to someone who knows you well. Please no immediate family members, boy/girl friend or spouse. Ask them to complete the form and mail it to the address below (or fax to the number below). Please list the names and addresses of your referees below:

Referee 1	Name	Email address	Pastor/Spiritual Leader
Referee 2	Name	Email address	Relationship?



Institute for the Nations
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Application Form



Part Five – Medical and Health Evaluation

To be filled out by the Applicant:

Step 1	Fill in Part A of this form
Step 2	After you have filled in Part A of the form you will need to make an appointment for a full medical examination with your own doctor.
Step 3	Give the form to your doctor to fill in at the examination and have him/her forward it to the Registrar at YWAM Brisbane.

Note: All staff, students, and volunteers in YWAM are required to have a full medical. The purpose for this is to have centralized medical details available should any person become sick while away from their personal physician and in YWAM care. All information is confidential to your leaders and this form is kept separately from your academic records.

PART A – Personal Details and Medical History			
Circle what you are applying for	Sports DTS, Beach to Bush DTS, MAD DTS, Video and Photography DTS, Pathfinders DTS, BLS, Staff, SDF, SAS, Mission Builder, Boarder, BCC, Café Internship		Start Date: (Month/Year)
Name	Title:	Family/Surname:	First/Given Name:
Email Address			
Phone	Home:	Work:	

Please answer all questions. Comment on all positive answer at the end of this form or on a separate sheet.

Have you ever had any of the following?

	N	Y		N	Y		N	Y
Skin Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Troubles	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chronic constipation	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia or other sleeping disorder	<input type="checkbox"/>	<input type="checkbox"/>



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Have you ever had any of the following?

	N	Y		N	Y		N	Y
Allergy			Surgery			Females Only		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>			
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>			
Foods(specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>						

Do you have any special dietary needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Are you presently under a doctor's care for any condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Are you taking any medication at this time?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Do you now or have you ever received compensation for disability from any source?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Please provide details for any POSITIVE answers and give details of any other illnesses you have had.	

Have you ever had any of the following communicable diseases?

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Other (specify) | | |

FAMILY HISTORY

Have any of your relatives ever had any of the following?

	No	Yes	Relationship:
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	



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PART B - Physician's Evaluation

To the Physician – This person has applied for a student/staff position with Youth With A Mission. In your recommendation, please bear in mind that he/she may travel and work in almost any country, often in under developed and/or stressful situations. Please review the information in PART A and complete the following physical assessment. Once this form is complete please mail/fax it to the Registrar at the address below.

Name of Applicant:		Email address:	
Course/Position and Date applying for:			

PHYSICAL ASSESSMENT

Height (cm):		Weight (kg):	
Blood Pressure:		Hearing:	
Vision Uncorrected:	L: R:	Vision Corrected:	L: R:

GENERAL HEALTH

- Is the patient able to walk 8 kilometers/6 miles in a day? Yes No (explain)
- Could the patient carry out reasonably strenuous physical work on a daily basis? Yes No (explain)
- Is the patient under any medical supervision? Yes No (explain)
- Does the patient have any infectious diseases? Yes No (explain)
- Does the applicant have any physical or psychological disorder that would limit his/her ability to participate fully in studies or field assignments, locally or overseas? Yes No (explain)
- List any medication the applicant is taking.

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

Head, Ears, Nose, Mouth	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Eyes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nervous System	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Cardiovascular	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Respiratory	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trunk and Back	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Digestive Tract	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Musculoskeletal	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Endocrine (Thyroid) ¹	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Skin	<input type="checkbox"/> No <input type="checkbox"/> Yes	



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Does/has the patient suffer/ever suffered from any of the following? (explain positive answers)

Epilepsy/fits	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Anaemia	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Hypertension	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Mental Illness / Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Dental Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Adverse reactions to stressful situations	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Eating disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any other serious condition	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Notes –

Physician's Recommendation for any follow up tests/treatments:

Physician's recommendation regarding suitability for involvement with YWAM:

- Acceptable without limitations
- Acceptable with limitations (specify)
- Not Acceptable
- Should remain in areas where adequate medical care is provided

IMMUNIZATION HISTORY

	Date		Date		Date		Date
Typhoid		Rubella		Tetanus		Mumps	
Polio		BCG		Cholera		Pertussis	
Diphtheria		Yellow Fever		Measles		Hepatitis A	
Hepatitis B		Other		Other			

Physician's Signature/Stamp:	
Date:	
Physician's Name:	
Address:	



**Institute for the Nations
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Application Form**

**Personal Reference Form
For DTS Applicant**

Applicant's Full Name: _____ Email Address: _____

Which school applying for: Pathfinders DTS, Sports DTS, Beach to Bush DTS, MAD / Video & Photography DTS

Start Date: _____

To the Referee:

The above applicant has applied to Youth With A Mission for training in a Discipleship Training School. This school is a 6 month intensive discipleship and missions preparatory course. This training will involve living in community, lectures on character, relationship and theology, ministry in the local community and overseas missions work, possibly in third-world conditions. We ask that you thoughtfully answer each of the following questions with regard to your opinions of the applicant's suitability to this training and experience. Please note that this form is not necessarily confidential to the applicant due to Australian Freedom of Information laws, so if you have matters of sensitive nature, please feel free to request that we talk with you on the phone. Please fax, mail or email this form (2 pages) to the contacts listed at the bottom of this page.

Please tick which applies to you:

- Pastor/Spiritual Leader/Spiritual Mentor
 Other

What is your relationship with the applicant? _____

For how long have you known the applicant? _____

How well do you feel you know the applicant? *Little* 1 2 3 4 5 6 7 8 9 10 *Very Well*

Evaluation of the Applicant's Character. Please comment about each of the following areas:

Ability to follow	Leadership ability
Ability to work with Others	Mental capacity
Willing to be accountable	Personal appearance
Concern for others	Positive attitude
Emotional stability	Reliability/meets obligations
Financial responsibility	Response to authority
Flexibility/open to change	Response to pressure
Health	Willingness to serve
Initiative/self-starter	Spiritual growth observed
Work ethic	Teachable spirit

In what of the following areas do you feel the applicant could contribute to the ministry?

- | | | |
|----------------------|----------------------------|-------------------------------|
| Art | Preaching | Teaching |
| Music | Worship | Discipleship of Others |
| Drama | Children's Work/Ministries | Youth Work/Ministries |
| Prayer/Intercession | Evangelism | Facilitating Group activities |
| Film and photography | Others: | |



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Please circle any words which may describe the applicant at times:

Impatient	Intolerant	Argumentative
Domineering	Critical of others	Easily Embarrassed
Easily offended	Discouraged	Easily worried
Anxious	Nervous/Tense	Given to moods
Addictive behaviours	Unable to cope with stress	Erratic in attitudes

How would you describe the applicant's Christian experience?

Mature Superficial Over-emotional Genuine but mild Contagious and Growing

Do you recommend the applicant for this training course?

Yes
 Yes, with hesitation (please explain)
 No (please explain)

Does the individual display high moral standards?

Yes No (please explain)

What do you feel are the reasons why the applicant is interested in this training course? _____

How would you describe the applicant's Christian experience (from what you know of it)? _____

What do you know of their involvement with their church? _____

Do you know of any prejudices the applicant has towards any people group or culture? _____

Is there anything you would like us to be aware of regarding the application of this applicant? _____

The applicant may be doing work with children and youth. Do you recommend this person with regard to their actions, behaviour and moral decisions to work with minors? _____

Since this form is not necessarily confidential, is there anything else you would like us to call to discuss with you over the phone? Yes No

Would you like to receive more information about YWAM Brisbane and our ministries? Yes No

Your Name: _____ Email Address: _____

Address: _____ City: _____ State: _____

Post/Zip Code: _____ Country: _____ Phone #: _____



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**Personal Reference Form
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Would you like to receive more information about YWAM Brisbane and our ministries? Yes No

Your Name: _____ Email Address: _____

Address: _____ City: _____ State: _____

Post/Zip Code: _____ Country: _____ Phone #: _____



Institute for the Nations Youth With A Mission - Brisbane Application Form

English Proficiency

Please complete this if English is not your first language and turn it in as part of your application.

Applicant Name: _____ Applying for: _____

Experience in English

How long have you studied English? _____

Have you ever had lectures delivered by a native English Speaker? Yes No

If yes, when? _____

For what? _____

For how long? _____

All courses at YWAM Brisbane are delivered in English. A sufficient standard of oral and written English comprehension and proficiency is required for full benefits of the training. You will need to fulfil at least one of the following criteria.

1. Successful completion of a YWAM school conducted predominantly in English
What course did you undertake? _____
Where? _____
When? _____ How long? _____
 Attach a certificate of completion from the course, or a reference from the Course Leader
2. A minimum of 1 year study in an English speaking school
When? _____ How long? _____
What type of classes or course? _____
 Attach a certificate of completion for the course, or a reference from the school's Registrar's office.
3. A minimum of 4 years of studying English as a foreign language with a passing grade of at least 80%
When? _____ How long? _____
Was it for? Secondary school Post secondary school (ie University, etc)
 Other (please specify) _____
 Attach proof of this, such as report card or grades, with an explanation of the grading system in English.
4. Completed formal independent testing with a minimum level of:
TOEFL (Test of English as a Foreign Language) 5.5 or higher
IELTS (International English Language Testing System) 4.5 or higher

Which have you taken?

TOEFL Your score: _____

IELTS Your score: _____

Other independent form of testing (please specify): _____

Attach proof of testing scores

We also have a phone interview to assess your English skills.

I certify that all the information I have provided is accurate.

Signature: _____ Date: _____