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

GUIDE TO COMPLETING APPLICATION

2nd level school, BLS, staff

So you've started the application process. Using the forms on-line, you should have been able to submit:

- Personal Details (Part 1)
- English language ability (Part 2)
- Personal questions (part 3)
- School specific information (part 4)
    - video submissions for SDF and SAS
- Personal references – Send this link to the following referees www.goywam.com/references; That is:
    - 1) Pastor/spiritual leader/mentor at home
    - 2) Most recent YWAM Leader
- And have a read the Course Information and Student Handbook *(not necessary for staff applicants)*

Please email the following to info@goywam.com to complete your application, if you haven't already attached them to the application form:

- ❒ Photo of yourself
- ❒ If English is your second language, your proof of English language ability
- ❒ $30 application fee (non-refundable)
- ❒ Copy of passport
- ❒ Copy of your DTS certificate
- ❒ Police/Criminal Background check (in English)
    - Please email send us the electronic copy, but mail us the original to keep on file
    - (this was not in the online application form, but is necessary to complete your application, see details below)
- ❒ Medical and Health Evaluation (details below)
    - If you previously did a Course with us at YWAM Brisbane within the last 12 months, we will not require a new evaluation; however please update us if anything in your medical history has changed.
    - If you are new to our Centre, please submit a medical evaluation that is no more than 6 months old.

Please ensure all documents are in English.

Police Criminal Background Checks:
Due to the amount of work with do with young people, we need all volunteers, students and staff to have a background check prior to working or studying with us. To gain a background check, contact your local police station for the process to do this. You will probably need to get a State/Provincial/Regional check.

If you've been with us previously, and submitted a background check before, we can use that if it's within the last 12 months.

You can attach/email us a copy of the certificate, but please also send us the original in the mail.

Application Deadlines

SDF, SAS and BCC applicants

- For applicants from Australia, at least 2 weeks prior to the start of the Course
- For student applicants from nations such as USA, Canada, England, Norway, Germany, Finland, Sweden, Switzerland, etc (that is 'low risk' assessment level nations, as defined by the Department of Immigration), we ask all applications to be in our office 4 weeks prior. However, feel free to contact us if less time is available to see what the possibilities are
- For students from 'high risk' nations (as defined by the Department of Immigration) you'll need to consider around 3 months for the application and visa process.

BLS and staff applicants

- For applicants from nations such as USA, Canada, England, Norway, Germany, Finland, Sweden, Switzerland, (that is 'low risk' assessment level nations, as defined by the Department of Immigration) etc, we ask all applications to be in our office at least 2 months for application and visa processing.
- For BLS applicants from 'high risk' nations (as defined by the Department of Immigration) you'll need to consider around 3 months for the application and visa process.

Physicians Evaluation

Further, we'd like some information about your medical history. Following is a personal medical evaluation as well as a Physicians Evaluation. Please take this to your doctor for a basic physical. Then email info@goywam.com or fax (61-7-3855-5222) it to us.

If you are having any trouble at all with any of the forms and documents, please let us know. We can also email you the pieces of application in Word or PDF format if that is more convenient.

Contact Details

Youth With a Mission Brisbane
info@goywam.com
www.goywam.com
671 Samford Road
Mitchelton, QLD 4053
Australia
Phone: 61-7-3855-5111
Fax: 61-7-3855-5222

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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 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 should require medical care 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	SDF, SAS, BCC, Mission Builder, BLS, Staff		Start Date: (Month/Year)
Name	Title:	Family/Surname:	First/Given Name:
Email Address			
Phone	Home:	Cell/Mobile:	

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	❑	❑	Shortness of Breath	❑	❑	Stomach/Duodenal Ulcer	❑	❑
Eye Trouble	❑	❑	Hay Fever	❑	❑	Gall Bladder Problems	❑	❑
Ear Trouble	❑	❑	Asthma	❑	❑	Jaundice	❑	❑
Head Injury	❑	❑	High Blood Pressure	❑	❑	Intestinal Troubles	❑	❑
Recurrent headaches	❑	❑	Low Blood pressure	❑	❑	Recurrent diarrhea	❑	❑
Epilepsy	❑	❑	Heart Trouble	❑	❑	Chronic constipation	❑	❑
Fainting spells	❑	❑	Rheumatism/Arthritis	❑	❑	Diabetes	❑	❑
Weakness	❑	❑	Back Problems	❑	❑	Kidney Disease	❑	❑
Paralysis	❑	❑	Dislocation of joints	❑	❑	Anemia	❑	❑
Tumor/Cancer	❑	❑	Broken Bones	❑	❑	Venereal Disease	❑	❑
Mental/nervous disorder	❑	❑	Anorexia/Bulimia	❑	❑	Insomnia or other sleeping disorder	❑	❑

	N	Y		N	Y		N	Y
Allergy			**Surgery**			**Females Only**		
Penicillin	❑	❑	Appendectomy	❑	❑	Irregular Periods	❑	❑
Sulphonamides	❑	❑	Tonsillectomy	❑	❑	Severe Cramps	❑	❑
Serum	❑	❑	Hernia Repair	❑	❑	Excessive Flow	❑	❑
Foods(specify)	❑	❑	Other (specify)	❑	❑	Are you pregnant?	❑	❑
Other (specify)	❑	❑						

Have you ever had any of the following?

Do you have any special dietary needs?	❑No ❑Yes (specify)
Are you presently under a doctor's care for any condition?	❑No ❑Yes (specify)
Are you taking any medication at this time?	❑No ❑Yes (specify)
Do you now or have you ever received compensation for disability from any source?	❑No ❑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?

❑ Chicken Pox ❑ Measles (Rubella) ❑ Measles (Rubeola) ❑ Mumps
❑ Scarlet Fever ❑ Pertussis ❑Tuberculosis ❑ Hepatitis
❑ AIDS/HIV ❑Other (specify)

FAMILY HISTORY

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

	No	Yes	Relationship:
Tuberculosis	❑	❑	
Diabetes	❑	❑	
Kidney Disease	❑	❑	
Heart Disease	❑	❑	
Arthritis	❑	❑	
Stomach Disease	❑	❑	
Epilepsy, Convulsions	❑	❑	
Cancer	❑	❑	
Mental Illness	❑	❑	
Asthma, Hay Fever	❑	❑	

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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 primitive 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:	

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? ❑No ❑Yes (explain)

Could the patient carry out reasonably strenuous physical work on a daily basis? ❑No ❑Yes (explain)

Is the patient under any medical supervision? ❑No ❑Yes (explain)

Does the patient have any infectious diseases? ❑No ❑Yes (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? ❑No ❑Yes (explain)

List any medication the applicant is taking: _____

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

Epilepsy/fits	❑No ❑Yes	
Anaemia	❑No ❑Yes	
Hypertension	❑No ❑Yes	
Mental Problems	❑No ❑Yes	
Allergies	❑No ❑Yes	
Dental Problems	❑No ❑Yes	
Adverse reactions to stressful situations	❑No ❑Yes	

Eating disorder	❑No ❑Yes	
Anxiety or Depression	❑No ❑Yes	

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

Head, Ears, Nose, Mouth	❑No ❑Yes	
Eyes	❑No ❑Yes	
Nervous System	❑No ❑Yes	
Cardiovascular	❑No ❑Yes	
Respiratory	❑No ❑Yes	
Trunk and Back	❑No ❑Yes	
Digestive Tract	❑No ❑Yes	
Musculoskeletal	❑No ❑Yes	
Endocrine (Thyroid)1	❑No ❑Yes	
Skin	❑No ❑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

This simply gives us a file to refer to when it comes time for getting vaccinations before going on outreach.

	Date		**Date**		**Date**		**Date**
Typhoid		Rubella		Tetanus		Mumps	
Polio		BCG		Cholera		Pertussis	
Diphteria		Yellow Fever		Other		Other	

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