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| **Passport**  **Photo** |

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**Youth Center**

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| **DISCIPLESHIP TRAINING SCHOOL APPLICATION FORM** |

**Application has Closed : 29 Jun 2019**

**Youth Center PO Box 17416 Suva. Fiji Islands.**

**Student Interview : 5, 6 July. 2019 (Ana : 8049527/7645243)**

1. Personal Information

Name :

Current Address :

Telephone :

Email :

Date of Birth: / / Age: Male / Female

Nationality:

2. Marital Status

Single / Engaged / Married / Separated / Divorced / Widow,er

Spouse/Fiance’s name :

Has your spouse/fiancé also applied for this School? Yes / No

(We strongly recommend doing the DTS as a couple)

If not, Please comment :

3. Dependants

Will any children be accompanying you? Yes / no

Name: Date of Birth: / / School years ( ) Male/Female

Name: Date of Birth: / / School years ( ) Male/Female

4. Church Information

Church Affiliation:

Church Leader’s name & title:

Address:

Phone:

Email:

5. Education

Primary School (Class ) Secondary School (form ) College/University ( year)

Name of School/College/University:

Dates attended:

6. Languages

English : Basic / Average / Fluent / Mother Tongue

Other languages : ( ) Basic / Average / Fluent / Mother Tongue

7. Gifts and Hobbies

Gifts:

Hobbies:

8. Emergency Information

Contact : Relationship:

Address:

Phone(Home) : Mobile phone :

Email:

9. Passport Information (if you have it)

Country of Citizenship:

Passport No:

Place of Issue: Expiration Date:

10. Financial Information

$(FJD) ( ) is what I have at the present time towards the school fees

$(FJD) ( ) is what my church/family/friends/others have pledged towards my fees

$(FJD) ( ) is what I still need for my fees

How do you plan raise the amount you still need?

11. How did you became a Christian, share a bit of your testimony (A4 paper)

12. Describe the relationships within your family. (A4paper)

13. Why do you want to do a DTS? (A4paper)

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| Please include the non-refundable FD $100 registration payment with your application. The application will not be processed without it. please make your payment |

**Please sign as your agreement to this principle**

**Burial Statement**

I agree that in the case of my death while in Youth With A Mission, Youth Center may carry out the burial in the location of the decease. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve YWAM-Youth Center and all its staff and associates of the burial costs.

Applicant’s full name :

Signature(Applicant or Parent/Guardian) :

Date : Relationship:

(If applicant is under 18years of age, signature of Parent or responsible party is required)

**Release of Liability**

I/We do hereby release YWAM-Youth Center, its agents, staff and volunteer assistants from any liability whatsoever arising out of injury, illness, damage or loss which may be sustained by said person during the course of participation with YWAM-Youth Center.

Applicant’s full name :

Signature (Applicant or Parent/Guardian) :

Date : Relationship:

(If applicant is under 18years of age, signature of Parent or responsible party is required)

**Consent for Treatment**

I/We do hereby agree to the performances of such treatment, anaesthetics and operations as in the opinion of the attending physician are deemed necessary and the release of all available medical records to the attending Medical personal.

Applicant’s full name :

Signature (Applicant or Parent/Guardian) :

Date : Relationship:

(If applicant is under 18years of age, signature of Parent or responsible party is required)

**PASTOR/SPIRITUAL LEADER- REFERENCE FORM**

**Discipleship Training School (DTS) – Youth With A Mission Youth Center**

Applicant’s full Name :

Pastor/Leader’s Name :

Position :

Address :

Phone number :

Email :

Signed :

I have known the applicant for ( ) years and ( ) months

How well do you know the applicant? Very well ( ) Quite well ( ) Casually ( )

1. To what extent is the applicant involved in church work?

2. With respect to his/her Christian work, do you consider the applicant to be

Dedicated ( ) Average ( ) Casual ( )

3. In your opinion, which would best describe the applicant’s Christian experience?

Mature ( ) Genuine & growing ( ) Over-emotional ( ) Superficial ( )

Comments :

4. How does the applicant usually react in trying situations?

Withdraws ( ) Gets discouraged ( ) Gets angry ( ) Meets constructively ( )

Accepts patiently ( ) other (please explain) :

5. Overall, what do you consider to be the applicant’s strengths? (include special abilities)

6. Please comment on the family’s background :

7. in your opinion, what are the applicant’s motives for applying to DTS?

8. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character? No ( ) Yes (please comment):

9. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or any other areas of their life we should know more about to be of service to them

10. As a pastor, if you feel it is right for the applicant to participate in this training programme, would you offer any pastoral counsel in helping him/her adjust to a foreign country and/or a new situation?

Thank you for completing this form.

Please return it directly to the address at the bottom of the page so we can continue to process this application or please send it in an envelope with your signature at the top of the envelope then send it through the applicant.

**YOUTH CENTER PO BOX 17416 SUVA FIJI ISLANDS**

**FRIEND REFERENCE FORM**

**Discipleship Training School (DTS) – Youth With A Mission Youth Center**

Applicant’s full Name :

Friend’s Name :

Address :

Phone number :

Email :

Signed :

I have known the applicant for ( ) years and ( ) months

How well do you know the applicant? Very well ( ) Quite well ( ) Casually ( )

1. To what extent is the applicant involved in church work?

2. With respect to his/her Christian work, do you consider the applicant to be

Dedicated ( ) Average ( ) Casual ( )

3. In your opinion, which would best describe the applicant’s Christian experience?

Mature ( ) Genuine & growing ( ) Over-emotional ( ) Superficial ( )

Comments :

4. How does the applicant usually react in trying situations?

Withdraws ( ) Gets discouraged ( ) Gets angry ( ) Meets constructively ( )

Accepts patiently ( ) other (please explain) :

5. Overall, what do you consider to be the applicant’s strengths? (include special abilities)

6. Please comment on the family’s background :

7. in your opinion, what are the applicant’s motives for applying to DTS?

8. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character? No ( ) Yes (please comment):

9. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or any other areas of their life we should know more about to be of service to them

Thank you for completing this form.

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**YOUTH CENTER PO BOX 17416 SUVA FIJI ISLANDS**

**CONFIDENTIAL HEALTH FORM**

**Physician’s Evaluation**

**Applicant’s Name : Male( ) Female( )**

Date of Birth (dd/mm/yy)

Address :

Phone Number :

Height : Weight :

Blood pressure : Pulse :

Blood group : RH Factor :

Urinalysis Glucose ( ) Protein ( ) Blood ( )

**Are there any of the following communicable diseases?**

Tuberculosis Yes ( ) No ( ) Explanation:

HIV Yes ( ) No ( ) Explanation:

Hepatitis A Yes ( ) No ( ) Explanation:

Hepatitis B Yes ( ) No ( ) Explanation:

Hepatitis C Yes ( ) No ( ) Explanation:

Skin Problems Yes ( ) No ( ) Explanation:

**(**Recommendations for follow up tests/treatment/x-ray/ECG if indicated)

**Please list all allergies(medication, food etc) and comment briefly on your reaction(s)**

**Physician’s Name(print) & Stamp**

**Address :**

**Phone :**

**Physician’s Signature : Date :**