



Discipleship Training School Application Form

Confidential

1. Course Information:

| Location: Please attach your Should we be unable to accept your application for the date photo here or |
|--|
| |
| you have specified, would you want us to: send by e-mail |
| hold your application until we have space? |
| recommend you to another location? |
| Have you applied to other locations? No Yes |

If yes, where?

2. Personal Information

| Name: as shown on passport | | | | | |
|-------------------------------|----------------------------|----------------|--|---------|---|
| | Title | First Name(s) | | | Middle Name(s) |
| | | | | | |
| | | Surname | | | |
| Preferred Name: | | | | | |
| Date of birth: | Age | Date (DD/MM/Y) | YYY) | Gender: | Male Female |
| Passport: | | | | | |
| | Nationality | | Passport Number | | Date of Expiry |
| | | | | | Please note: You must have a passport valid for at least six |
| | Place of Issue of Passport | | months after the end of the school outreach phase for visa application purposes. | | |
| | | | | | |

The Seamill Centre • 9 Glenbryde Road • West Kilbride • Ayrshire • KA23 9NJ • UK





| | Current Address: | Permanent Address: (if different) |
|-----------------------------------|------------------|-----------------------------------|
| Street: | | |
| City: | | |
| County: state/ province | | |
| Postcode: zip code | | |
| Country: | | |
| Phone: landline | | |
| Mobile: | | |
| Skype Name: | | |
| E-mail: | | |

Emergency Contact: (Who would you like us to contact in case of an emergency?)

| Name(s): | Do they speak English? Yes No |
|-----------------------------------|--|
| Relationship: to you | |
| Street: | If "No", what language? |
| City: | |
| County: state/ province | |
| Postcode: zip code | |
| Country: | |
| Phone: mobile or landline | <i>Nationality (if different to the country listed here)</i> |
| E-mail: | |





3. Languages:

Please identify the languages you speak and indicate your proficiency:

| | English | 6 - mother tongue 5 - native tongue proficiency |
|---|--|--|
| Other Languages: | | 4 - full professional proficiency 3 - minimum professional proficience 2 - limited word proficiency 1 - elementary speaking |
| Spouse's Name: Fiancé's Name: | 4. Marital Status: Married Engaged Single Separated D | vivorced Widow/er |
| | Has your spouse/fiancé applied for this course? No (We strongly recommend doing the course as a couple) If not, please comment: | Yes Thinking about it |
| | | |

5. Food Restrictions:

| Do you suffer from any food allergies or intolerances? No | |
|---|--|
| Do you follow a vegetarian or vegan diet? No Yes | |
| If "yes" to any of the above, please comment: | |

Please note! We will do our best to accommodate any special food requirements for medical reasons, as well as personal preferences like a vegetarian or vegan diets. Please be as specific as you can and be advised that you very likely need to assist to ensure your needs are met.





6. Dependants:

| | How many (if any) children will be acc Please give their details (use extra sheet if nee | | |
|----------------|---|----------------------------|----------|
| Child 1 | | Date of Birth (DD/MM/YYYY) | Boy Girl |
| | Name | | |
| | Nationality (as listed in the Passport) | Passport Number | |
| Child 2 | | | Boy Girl |
| | Name | Date of Birth (DD/MM/YYYY) | |
| | Nationality (as listed in the Passport) | Passport Number | |
| Child 3 | | | Boy Girl |
| | Name | Date of Birth (DD/MM/YYY) | |
| | Nationality (as listed in the Passport) | Passport Number | |
| | 7. Family: | | |
| Father's Name: | | Mother's Name: | |
| | Are your parents supportive of you at | tending this course? | |
| | Yes Yes, with reservations | No, please give details | |

Describe your family background:

Are your parents still married, separated, divorced, re-married? Did you grow up in a blended family? Have there been any recent, major life events, like death in the family...?





8. Church Information:

| Church: your home church | | | | | |
|------------------------------------|--|---------------|-----------------------------|--|--|
| , | Church Name | nination | | | |
| Pastor: | | | | | |
| | Title Full Name | | E-mail (pastor) | | |
| Church Address: | | | | | |
| | Postal address | | E-mail (church) | | |
| | | | | | |
| | Phone (pastor) | hone (church) | Fax (church - if available) | | |
| | Does your church leader support the idea of you attending this course? | | | | |
| | Yes Yes, with reservations No | | | | |
| | If "with reservations" or "No", please comment: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | How would you describe your relationship with your church? | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 9. Referees: | | | | |
| Church/Spiritual Leader: | | | | | |
| Leader: | | | | | |
| | | | | | |
| | Phone | E-Mail | | | |
| Employer/ | | | | | |
| Teacher: | | | | | |
| | | | | | |
| | Phone | E-Mail | | | |
| Mature | | | | | |
| Christian Friend: | | | | | |
| | | | | | |
| | Phone | E-Mail | | | |





10. Education and Skills:

Please summarise your formal school education (from about age 12 and up):

Please summarise your professional training and carreer, include most recent work, special training or qualifactions:





11. Self-Evaluation: How do you learn best? Mark all that apply: personal study classroom by myself with others observing being challenged talking doing other: Do you have any learning difficulties? How easily do you adapt to different social and cultural environments? very easily • • • challenging • • • very poorly very easily very poorly Elaborate How would you rate your ability to communicate your opinions, thoughts and heart? excellent • • • • • • adequate • • • • • poor excellent poor Elaborate How open are you to try new things? very open • • • • • maybe • • • • very hesitant very hesitant very open





12. Gifts and Hobbies:

Please indicate your hobbies and gifts, including any drama, musical or artistic talents you have as well as any other achievements that are a highlight for you. Please be specific:

13. Life and Spiritual Experience:

Please prayerfully answer the following questions, briefly. Use a separate piece of paper and attach it to your application if you need more space when filling in by hand.

1. Describe how and when God became real and personal to you.





2. Briefly describe other spiritual experiences and/or significant events in your life.

3. How would you describe your life and your relationship with God presently?

4. Why are you seeking to be trained and equipped for missions? Why now? Do you sense a direction and purpose on your life in some kind of full-time service? Since when? Do you have a desire to reach a particular nation, group or sphere of society (business, arts, youth etc)? Please explain.





5. Which books, periodicals, podcasts, videos, websites, people... have influenced you most and why?

6. What experience do you have in sharing your faith? Have you been in missions or on outreaches before? Have you been previously involved with YWAM or other mission organisations?

7. What community or church work have you done? Do you have any leadership experience? Please include your responsibilities and length of time involved.

8. What skills would you like to use in missions/ministry?





9. Why would you like to do a Discipleship Training School with YWAM instead of some other form of training or education (for example: Bible college, seminary...)?

10. How did you hear about this course? How did you arrive at the decision to apply for this YWAM-DTS specifically? Why would you like to do it in Scotland? What are your hopes and expectations for this course?

11. Do you know of any events that would require your absence during this course?





12. Please list anything else you would like us to know about you and your situation - strengths, weaknesses, any personal and character issues (such as alcohol abuse, drugs, smoking, sexual immorality, pornography, occultism) that you feel you need to work through during this time... If so, please explain.

As an agency working with children and young people, we are exempt from the UK Rehabilitation of Offenders Act of 1974 and therefore all convictions, however old, must be declared by applicants.

13. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending?





Finances

Confidential

Every staff person in Youth With A Mission is responsible to provide their own fees and personal living expenses. Each prospective trainee is expected to do the same. As you do the possible - use savings, earn the money, sell things you don't need (as directed by the Lord) - God will do the impossible.

(For current exchange rates please refer to your local bank. Please note that online exchange rate information does not neccessarily correspond with the bank rates and be sure to take into account any fees.)

Course Fees

 f
 is what I have at the present time towards the course fees.

 f
 is what my church/family/friends/others have pledged towards my fees.

 f
 is what I still need for my fees.

(Please note that these fees do not include any insurances, vaccinations, visas, flights, spending money...)

How do you plan to raise the amount you still need?

Other Financial Obligations

List current financial obligations and how you expect to fulfil them.





Liability, Consent & Commitment

Release of Liability

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

Date:

dd/mm/yyyy

Signature:

(applicant, parent or guardian)

If the applicant is under age, this page has to be printed, signed by the parent or legal guardian and sent by regular mail. Otherwise use a digital signature, if familiar, or re-type your complete name. You will have to counter-sign when you arrive for your course.

Consent for Treatment

I/we do hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician are deemed necessary.

Signature:

|): | | Date: | | | |
|----|---|--|-------------------|--|--|
| | (applicant, parent or guardian) If the applicant is under age, this page has to be printed parent or legal guardian and sent by regular mail. Other signature, if familiar, or re-type your complete name. Yo counter-sign when you arrive for your course. | dd/mm/yyyy Fast Track | | | |
| | Commitment | To speed up proceedings, please scan or take a bigh | | | |
| | I have completed all sections of the applic answered honestly to the best of my know | ahead of posting, so we | | | |
| | If accepted by YWAM, I will, under God, a authority and schedule of the programme | <i>,</i> , | Can start process | | |
| | I understand that the Discipleship Training School consists of both the lecture phase and the outreach phase, and that by completing this application, I am making a commitment to both phases of the school. | | | | |
| | I understand that some of the finances are due ahead of the school and I commit to paying all my fees when required (unless prior arrangements have been made). I undertake to pay all personal expenses during my involvement with YWAM. | | | | |

Signature:

Date:

(applicant) Use a digital signature, if familiar, or re-type your complete name. You will have to counter-sign when you arrive for your course. dd/mm/yyyy