

Kerusso – School of the Kingdom

Application Form Guide

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 Kerusso – School of the Kingdom

REGISTRATION FEE Your AUD\$75 (AUD\$100 married couple) registration fee must be forwarded with your application. This fee is not refundable. Your application will not be processed without the registration fee.

2. If you wish to send this by personal cheque, you can send it in your currency for the equivalent of AUD\$75. This covers exchange rates

Alternatively IF YOU ARE AN OVERSEAS APPLICANT PLEASE FORWARD YOUR REGISTRATION FEE BY BANK DRAFT IN AUSTRALIAN DOLLARS or by credit card by logging onto the following secure site <http://www.ywammelbourne.org/payment.aspx>

Course fees are \$2400 AUS for the 8 week lecture phase which includes tuition fees, food and accommodation and course related travel. Outreach costs will vary depending on destination.

3. **QUESTIONS.** The following questions must be answered on a separate sheet of paper and submitted with your application.

1. Please describe your conversion experience and your present relationship with the Lord
2. What areas of your character are you presently seeking God to further develop or improve
3. Please describe your desire and expectations in doing this school? Please be specific.

4. **RELEASES** (Sections 15 to 22 of the form). All releases should be signed before your application can be processed.



5. **MEDICAL REQUIREMENTS** The confidential health form requires the applicant's attention and should then be given to your doctor for his/her completion and mailed or faxed directly to THE REGISTRAR.

Please note: medical forms are also required for all accompanying dependents 16 years and older.

6. **PERSONAL REFERENCES** A reference form must be given to your:-

- Past School/Base leader (most current)
- Pastor/Spiritual Leader and/or
- Friend (who knows you well)

Please request they complete the form and mail or fax it directly to THE REGISTRAR. Please list the name and address of each referee on a separate sheet of paper.

7. We require a **Copy of your DTS Certificate**

8. **PASSPORTS.** Everyone attending a YWAM School should have a valid passport with an expiration date of at least six months after the conclusion of the school.

9. **VISAS.** Please do not apply for a visa until you receive confirmation of enrolment from YWAM Melbourne and the appropriate papers. If you have a current Australian visa, please tell us what type of visa you have and when the visa expires.

10. STUDENT HANDBOOK

Please read the Student Handbook, as this describes the policies under which courses of the Institute for the Nations (Australia) are run. The "Institute for the Nations (Australia)" is a registered Training Provider # 0449; and YWAM Melbourne - CRICOS # 02023K

View the Student Handbook at following link <http://www.ywammelbourne.org/newforms/Student%20Handbook.pdf>

ALL FORMS ARE TO BE MAILED OR FAXED TO:

Registrar
YWAM Melbourne Inc.
1 Kent Road
Surrey Hills, 3127, Victoria
Australia

Tel #: +61 3 9831 2400
Fax #: +61 3 9836 9231
Email: registrar@ywammelbourne.org



Applicant Details

Return all forms to:
Registrar
YWAM Melbourne Inc.
1 Kent Road
Surrey Hills, 3127, Victoria
Australia
Tel No: +61 3 9831 2400
Fax No: +61 3 9836 9231

Please attach a recent photo of yourself here

1. Application

Is your Registration Fee enclosed?

Yes No

The school I wish to attend is:

(_____)

Start Date (dd/mm/yy): _____

2. Your Name

(in full for visa purposes, as in passport)

Mr Mrs Miss Ms

Surname/Family Name/Last Name _____

First Name _____

Middle Names _____

Preferred Name _____

3. Contact Details

Permanent Address (include country & postcode)

Present Address (include country & postcode)

Telephone (include country & area code)

Fax _____

Email _____

4. Personal Details

Your Date of Birth _____ Age _____
(dd / mm / yyyy)

Place of Birth _____

Sex Male Female

Marital Status

Marital Status

Single Engaged Married
 Separated Widowed Divorced

Spouse's Name (if applicable) _____

5. Passport Details

Passport Details

What is your Country of Citizenship? _____

Passport Number: _____

Place of Issue: _____

Date of Issue (dd / mm / yyyy) _____ Date of Expiry (dd / mm / yyyy) _____

Type of Australian Visa (if you currently have one) _____

Date of Visa Expiry(dd / mm / yyyy): _____

6. Children

Do you have any children accompanying you?

Yes No

List the names, dates of birth and passport numbers of children accompanying you:

Child 1 (Name) Sex: Male Female

Date of Birth (dd / mm / yyyy) _____

Passport Number _____ Date of Expiry (dd / mm / yyyy) _____

Children (cont)

Child 2 (Name) Sex: Male Female

Date of Birth (dd / mm / yyyy)

Passport Number

Date of Expiry (dd / mm / yyyy)

10. Emergency Contact

Who do we contact in case of an emergency involving you?
Name

Relationship (ie Father, Mother, Sister, etc)

Address (include country & postcode)

Home Telephone Number (include country & area code)

Work Telephone Number (include country & area code)

Facsimile Number (include country & area code)

Email

11. Home Church Information

Name of Church

Pastor's Name

Address

Telephone Number (include country & area code)

Facsimile Number (include country & area code)

Email

Please include additional children and details on a separate sheet of paper.

7. Skills

Languages Spoken

Musical Ability & Talents

Current Occupation and Additional Skills

8. Educational History

Have you graduated from High/Secondary School or equivalent?

Yes No

If "Yes", list date of graduation and name of certificate/diploma received

List total number of years of primary/secondary schooling

9. Financial Support

Do you have your complete school fees?

Yes No

If not, how much do you presently have?

AUD\$

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

Do you have financial support?

Yes No

12. Please list all Institute for the Nations (Australia) / University of the Nations (International) courses you have attended, location/campus and dates completed.

School / Course	Location	Date Commenced	Date Completed

13. English Proficiency (to be answered if your native language is NOT English)

All courses conducted at Youth With a Mission Melbourne are in English, except where specifically noted as bi-lingual schools. You will require a sufficient standard of oral and written English proficiency in order to benefit from the training you undertake. Please complete the following question if English is not your first language.

(a) Personal Evaluation of English Proficiency:

Please circle your ability in the following skills (1 = unintelligible and 6 = close to native speaker):

	unintelligible → close to native speaker					
	1	2	3	4	5	6
Spoken English						
Understanding spoken English						
Written English						
Understanding written English						

(b) Independent Testing

If you have completed any of the following tests please indicate the score you received and attach a copy of your test results.

- Test of English as a Foreign Language (TOEFL) Score: _____
- International English Language Testing System (IELTS) Score: _____
- Other form of testing (please specify) Score: _____

If you have not taken a test we may ask you to do so.

(c) Give a brief outline of your past history learning English, i.e. how long you studied English and at what level (e.g. 3 years basic English at high school)

14. Additional Questions:

Please prayerfully and concisely answer the questions on a separate sheet of paper (print or type) and attach it to your Application Form. If a question is not relevant to your circumstances please note as n/a (not applicable) with a short statement why not. Your answers will be significant in the application process.

Questionnaire for the school / course you wish to attend are either:

- Attached to the application form we have mailed you or
- If downloading application form from our website you must also download the questionnaire specific to the school you are applying for.. Note - you will find the questionnaire relating to the school / course you are wishing to attend on the 'download forms' page.

15. Release of Liability

I do hereby release Youth With A Mission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvements with Youth With A Mission.

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

16. Statement of Burial

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

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

17. Legal Proceedings

Are you involved in any current or pending law suits or legal proceedings? Yes No

If "Yes", please give details:

18. Police Record

Do you have a police record (civil or military)? Yes No

If "Yes", please give details:

19. Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

20. Acknowledgment of Financial Responsibility

I confirm that I understand payment of the required school tuition and fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission.

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

21. Permissions

I give permission to Youth With A Mission – Melbourne, to use any photographic, imaging or written material in regards to myself in promotional and marketing media. Yes No

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

22. Declaration

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

I confirm that I have read the "Student Information Handbook, attached to this application form, and that I agree with it.

Signed _____

Dated _____

If applicant is under 18 years of age, signature of parent/guardian is also required - see bottom o the page

23. Parent/Guardian Declaration

I have read all the above statements (points 15 -22) and agree with them as the legal parent/guardian of the applicant.

Name of Parent/Guardian

Signed _____

Dated _____

Student Application Form

Confidential Health Form

TO THE STUDENT: This information is treated confidentially and separate from your academic records. Answer all questions in ink or by typing IN ENGLISH. Arrange with physician to complete **Physician's Evaluation**. Medical forms are also required for all accompanying dependents 16 years and older.

1. The school/outreach I wish to attend is:

Commencement date of school/outreach:

2. Your Name

Mr Mrs Miss Ms

Surname/Family Name/Last Name

First Name

3. Personal History

Please answer all of the questions and comment on all questions with a "Yes" answer in the space provided below.

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

	Yes	No
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Headache	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Nervous Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Allergic reactions to:		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>
Foods (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions (specify).....		
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever/Asthma	<input type="checkbox"/>	<input type="checkbox"/>

Question 3 Continued

	Yes	No
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>
Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Chronic constipation	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Tumour/Cancer	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions please describe in the field below. Use additional sheet if required.

4. Medical Treatment

Are you at present under the doctor's care for any condition?

Yes No Please Specify

Are you taking any medication at this time?

Yes No Please Specify

Do you or have you ever received any compensation for disability, from any source?

Yes No Please Specify

5. Communicable Diseases

Have you ever had any of the following?

	Yes	No
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>
Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

6. Family History

Have any of your relatives ever had any of the following?
Relationship (eg father)

	Yes	No
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Stomach disease	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Evaluation

TO THE PHYSICIAN: The applicant has applied for a school with Youth With A Mission. Can you review the information on the applicant's Health Form & complete this section of the form.

1. Physical Assessment

Height (cm)	Weight (Kg)
<hr/>	<hr/>
Blood Pressure	
<hr/>	
Hearing: Right	Left
<hr/>	<hr/>
Vision	
Uncorrected: Right	Left
<hr/>	<hr/>
Corrected: Right	Left
<hr/>	<hr/>

2. Are there any abnormalities of the following systems?

	Yes	No
Head, ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Nervous system	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Trunk & Back	<input type="checkbox"/>	<input type="checkbox"/>
Digestive tract	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine (thyroid)	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Urogenital	<input type="checkbox"/>	<input type="checkbox"/>

If the answer was "Yes" to any of the previous questions please describe fully below or on a separate piece of paper.

3. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas?

4. Physician's recommendation for follow-up test/treatments

5. Physician's recommendation (please tick)

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

6. Immunisation History

	Date	Date
Typhoid	<hr/>	Cholera
Polio	<hr/>	Pertussis
Rubella	<hr/>	Diphtheria
Mumps	<hr/>	Yellow Fever
BCG	<hr/>	Hepatitis
Tetanus	<hr/>	Hepatitis B

7. Physician's Name

Address/Stamp

Signature



YWAM Base/School Leaders Reference

Name of Referee _____

Name of Applicant _____

Applicant Address _____
(include country & postcode)

School / Course: _____

Proposed Start Date: _____
(Day / Month / Year)

Return all forms to:

Registrar
 YWAM Melbourne Inc.
 1 Kent Road
 Surrey Hills, 3127, Vic.
 Australia

Tel #: +61 3 9831 2400
 Fax #: +61 3 9836 9231

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission school/ program applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Base Leader School Leader _____
 Other, please specify:

How long have you known the applicant?

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

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Character

Have you enjoyed having the applicant work under you?
 Yes No Please Elaborate

Has the applicant been an asset to your class/base?
 Yes No Please Elaborate

Is the applicant dependable and trustworthy with responsibility given to him/her?
 Yes No Please Elaborate

3. Personal Profile

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

- Health _____
- Initiative _____
- Social adaptability _____
- Personal grooming _____
- Concern for others _____
- Financial responsibility _____
- Leadership capability _____
- Ability to follow _____
- Flexibility _____
- Academic ability _____
- Attitude to work _____
- Reliability _____
- Co-operation _____
- Self discipline _____
- Moral standards _____
- Temperament _____
- Punctuality _____
- Perseverance _____
- Sound judgement _____

4. Emotional Stability

Due to the cultural and environmental context of the school, adjustments may have to be made as to diet, social customs, climate change, living arrangements. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability (please check one):

- Outstandingly mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to endure stress.
- Applicant has frequently demonstrated signs of inability to cope with stress; such as rage or withdrawal is erratic in attitude and action or has demonstrated emotional instability in other ways.

5. Difficult / Trying Situations

How does the applicant usually react in difficult / trying situations (please check one):

- Withdraws
- Gets angry
- Accepts patiently
- Gets discouraged
- Meets constructively
- Other (please specify)

6. Problem Areas

Please note that we are seeking to help the applicant grow.

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/ races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

7. Gifting / Skills / Abilities

- | | | |
|---|---|--|
| <input type="checkbox"/> communication | <input type="checkbox"/> preaching | <input type="checkbox"/> teaching |
| <input type="checkbox"/> drama | <input type="checkbox"/> music | <input type="checkbox"/> art |
| <input type="checkbox"/> pasturing | <input type="checkbox"/> one-on-one | <input type="checkbox"/> counselling |
| <input type="checkbox"/> encourager | <input type="checkbox"/> discipleship | <input type="checkbox"/> evangelism |
| <input type="checkbox"/> prayer | <input type="checkbox"/> worship | <input type="checkbox"/> servant heart |
| <input type="checkbox"/> hospitality | <input type="checkbox"/> childrens work | <input type="checkbox"/> youth work |
| <input type="checkbox"/> doctor | <input type="checkbox"/> nurse | <input type="checkbox"/> secretarial |
| <input type="checkbox"/> administration | <input type="checkbox"/> plumbing | <input type="checkbox"/> carpentry |

Other:

8. Additional Comments

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

9. Recommendation

What is your overall evaluation of the applicant's potential as YWAM staff?

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

10. Referee Information

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

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signature

Date

Thank You for your assistance



www.ywammelbourne.org

Pastor / Pastoral Staff Reference

Name of Referee _____
 Name of Applicant _____
 Applicant Address _____
 (include country & postcode) _____
 School / Course: _____
 Proposed Start Date: _____
 (Day / Month / Year) _____

Return all forms to:
 Registrar
 YWAM Melbourne Inc.
 1 Kent Road
 Surrey Hills, 3127, Vic.
 Australia
 Tel #: +61 3 9831 2400
 Fax #: +61 3 9836 9231

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission school/ program applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Pastor Other, please specify

How long have you known the applicant?

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

1 2 3 4 5 6 7 8 9 10

How long has the applicant attended your church?

In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

2. Christian Experience

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 _____
- Social adaptability _____
- Personal grooming _____
- Concern for others _____
- Financial responsibility _____
- Leadership capability _____
- Emotional stability _____
- Ability to follow _____
- Flexibility _____
- Reliability _____
- Co-operation _____
- Self discipline _____
- Ability to cope with stress _____
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If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

5. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please Elaborate

Does the applicant respond well to authority?

Yes No Please Elaborate

6. Family Background

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

7. Additional Comments

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

8.

9. Recommendation

What is your overall evaluation of the applicant's promise as YWAM staff?

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Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Date:

Please phone us on + 61 3 98312400 if you have any additional comments or email us on registrar@ywammelbourne.org

Thank you for your assistance.
Would you like to receive further information about Youth With A Mission, Melbourne?

Yes No



www.ywammelbourne.org

Friend Reference

Return all forms to:

Registrar
YWAM Melbourne Inc.
1 Kent Road
Surrey Hills, 3127, Vic.
Australia
Tel #: +61 3 9831 2400
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Name of Referee _____
 Name of Applicant _____
 Applicant Address _____
(include country & postcode)

 School / Course: _____
 Proposed Start Date: _____
(Day / Month / Year)

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In your association with the applicant, what has been the level of commitment?

Faithful Inconsistent Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?

Yes No

2. Christian Experience

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:

- Health _____
- Initiative _____
- Social adaptability _____
- Personal grooming _____
- Concern for others _____
- Financial responsibility _____
- Leadership capability _____
- Emotional stability _____
- Ability to follow _____
- Flexibility _____
- Academic ability _____
- Attitude to work _____
- Reliability _____
- Co-operation _____
- Self discipline _____
- Ability to cope with stress _____
- Moral standards _____
- Temperament _____
- Punctuality _____
- Perseverance _____
- Sound judgement _____

4. Family Background

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

5. Additional Comments

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

What is your overall evaluation of the applicant's promise as a YWAM worker?

- Definitely unsuited
- At this time, he/she is unsuited
- 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 reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

Please phone us on + 61 3 98312400 if you have any additional comments or email us on registrar@ywammelbourne.org

Thank you for your assistance.
Would you like to receive further information about Youth With A Mission, Melbourne?

Yes No



www.ywammelbourne.org

Feedback

1. Are there any matters you would like to make mention of relating to any of the questions and/or forms previously?

2. Are there any matters you would like to make mention of not covered in the questions above?

3. How did you find out about the course you are applying for:

- Recommended by Base / Campus Staff
 YWAM Melbourne Website
 Other YWAM Base / Campus
 GO Manual
 YWAM e-group news
 Other

Return all forms to:

Registrar
YWAM Melbourne Inc.
1 Kent Road
Surrey Hills, 3127, Vic.
Australia

Tel #: +61 3 9831 2400

Fax #: +61 3 9836 9231

Email: registrar@ywammelbourne.org