



Application for the Discipleship Training School

(Confidential when completed)

**DTS Leader
YWAM Rwanda
BP 3159, Kigali**

Thank you for your interest in this school! It is our intention that the application process serve as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time.

HOW TO COMPLETE THIS APPLICATION

Please answer all of the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper. Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage.

PRE-REQUISITES FOR ATTENDING THE DTS

Considering the DTS program is focused in missions and can be the first step towards a University of the Nations degree, we require a few things of every person applying for this school. 1) You need to be a committed Christian, 2) You should speak good English or French and 3) Have completed your secondary school. Please note the lack of one of these requirements doesn't mean you are automatically excluded from the program. Please get in touch with us so we can consider your case.

REFERENCES

Enclosed with this application are two Reference Forms to be sent to the people you have selected. One is for your church leader and one for a mature Christian friend. Fill in your name and address, and school dates for the DTS and give the forms to them. Please ask that they return the forms directly to DTS leader (listed above) as soon as possible.

MEDICAL REPORT

A Medical Report Form is included, part to be completed by you and part by your doctor.

PASSPORT/LAISSEZ-PASSER/VISA INFORMATION

This information is needed for anticipated visa purposes only, including the outreach phase of the DTS. If you don't have a passport or a laissez-passer we recommend you get one before the beginning of the school.

ADMINISTRATION FEE

A non-refundable fee of Frw 1000 (which covers the cost of processing your application) should be included when you return this form. Foreign students can bring this money with them as we don't really have a way of receiving this money safely through the mail in Rwanda.

DATE OF RETURNING THE FORMS FOR PROCESSING

We ask that you return your forms to us at the latest 3 weeks before the beginning of the school. Any forms taken after that will NOT BE ACCEPTED. This is to give us time to prayerfully consider your form and let you know if you have been accepted.

FINALLY...

We pray that God will guide you clearly as you complete this form.

CONFIDENTIAL APPLICATION FORM
Discipleship Training School
YWAM Kigali

1. PERSONAL INFORMATION

NAME: _____
(Title, Surname, First Name, Middle Name, Preferred Name)

CURRENT ADDRESS: (Valid till _____) _____

Telephone: _____ Fax: _____ Email: _____
How long have you lived here? _____

PERMANENT ADDRESS:

(If different from above)
Telephone : _____ Fax: _____ Email: _____

DATE OF BIRTH: ____/____/____ **AGE:** ____ **SEX:** Male ____ Female ____
dd mm yy

2. MARITAL STATUS

Single ____ Engaged ____ Married ____ Separated ____ Divorced ____ Widow/er ____
Spouse/fiance's name: _____

Has your spouse/fiancee 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 ____ If yes, please give their details:
Name Date of Birth Place of Birth Boy/Girl

4. CHURCH INFORMATION (Who do you wish us to contact for a church reference?)

Church Affiliation: _____
Church Leader's Name & Title: _____

Address: _____

Email: _____ Phone: (H) _____
(W): _____ Fax: _____

Does your church leader support the idea of you attending a YWAM school?
Yes ____ Yes, with reservations ____ No ____

5. EDUCATION AND SKILLS

Secondary School (Education between 11 and 18 years)

Name of Establishment Dates Attended Exam Success/Qualifications Received

University/College/Higher or Further Education (post 18 years)

Name of Establishment Dates Attended Exam Success/Qualifications Received

List any other training or qualifications you have received (Please use a separate piece of paper if necessary)

What is your Employment History and Occupation?

Position _____ Length of employment: _____

Briefly describe what your work entails:

Briefly describe other past work experiences:

6. LANGUAGES

Please identify the languages you speak and indicate how well (or not) you speak them:

1 - basic knowledge

4 - native tongue knowledge

2 - minimum professional knowledge

5 - mother tongue

3 - full professional knowledge

English knowledge _____ Other languages and how well you speak them _____

7. GIFTS AND HOBBIES

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies
Gifts:

Hobbies:

Feel free to also describe some good things you have done in your life so far:

8. CHRISTIAN & LIFE EXPERIENCE

Please prayerfully answer the following questions, shortly, on a separate piece of paper (you may write or type) and attach this to your application form.

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, ***apart from the Bible***, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

Where you are right now with God:

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a missions context?

Why are you thinking about YWAM and DTS

10. How did you hear about Youth With A Mission?

11. What is your reason for applying for this particular DTS?
12. What are your hopes and expectations for yourself during this DTS?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?

Please Note: Answering YES to the following questions will not automatically exclude you from the DTS. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism?

If so, please explain.

15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have

any cases pending? If so, please explain.

16. Please list anything else you would like us to know about you and your situation.

9. FINANCES

Every staff person in Youth With A Mission is responsible to provide their own fees and personal living expenses. Each prospective student 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. Where God guides, He will also provide. *(For current exchange rates please refer to your local bank.)*

1. U\$ or FRw _____ is what I have at the present time towards the school fees.

U\$ or FRw _____ is what my church/family/friends/others have pledged towards my fees.

U\$ or FRw _____ is what I still need for my fees.

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

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

b) Are you leaving a job to attend the DTS? Yes _____ No _____

c) Give names of dependants you have and to what extent you are obliged to them financially.

10. RELEASE OF LIABILITY

I/we do hereby release YOUTH WITH A MISSION, LTD., its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

Applicant's signature: _____

Date: _____

11. 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.

Applicant's Signature: _____

Date: _____

12. COMMITMENT

I have completed all portions of this application and if accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the programme. I understand that the Discipleship Training School consists of both the lecture phase and the field placement phase, and that by completing this application, I am making a commitment to both phases of the school. I understand that payment of my school fees must be made upon arrival or at the very latest before the end of the school. I therefore undertake to pay all personal expenses during my involvement with YOUTH WITH A MISSION.

Signed: _____ Date: _____ 200_____

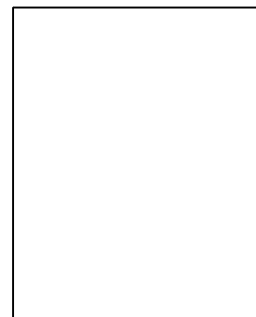
day/month

Youth With A Mission - Rwanda



PASSPORT / VISA INFORMATION

Please send **3 (three)** passport size photographs with this form.



Please send this document, completed and with photos, and include it in your application package.

Please note: You must have a passport or laissez-passer valid for at least 6 months after the end of the school outreach phase for visa application purposes.

Name as listed on passport/ laissez-passer _____

Date of birth _____

Place of birth _____

City _____

Country _____

Citizenship/nationality _____

Passport/ Document Number _____

Place of Issue _____

City _____

Country _____

Date of issue _____

(day / month / year)

Date of expiry _____

(day / month / year)

Please return to:

DTS Leader

BP 3159

Kigali, Rwanda



CONFIDENTIAL REFERENCE

Discipleship Training School

To Be Completed By A Mature Christian

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis. The person named below has listed you as a mature Christian friend who would act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of outreach. The outreach could be in hard and stressful conditions, but will provide an opportunity for the student to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. **We need to receive this form before we can process this application - thank you.**

CANDIDATE DETAILS

(To be completed by the applicant)

NAME OF APPLICANT: _____
(Title, Surname, First Name)

CURRENT ADDRESS: _____

Telephone: _____ Fax: _____ Email: _____

SCHOOL APPLIED FOR: _____ Starting Date: _____

I know the applicant: very well _____ quite well _____ a little _____ very little _____

What is your relationship with the applicant? _____
(e.g., Youth Group/Pastor/Home Group Leader/Friend)

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system:

1 - Usually 2 - Often 3 - Sometimes 4 - Rarely

Healthy _____	Leader _____	Reliable _____
Loner _____	Team Worker _____	Disruptive _____
Initiator _____	Aggressor _____	Enthusiastic _____
Worrier _____	Co-operative _____	Energetic _____

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period. Please answer / comment on the following:

1. Do you see any difficulties that could compromise their Christian sexual morality?

Yes _____ No _____ Comments _____

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision-making?

Yes _____ No _____ Comments _____

3. The applicant's ability to be a part of a team

4 . The applicant's ability to handle conflict

5. The applicant's motivation for getting involved in missions

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian

2. The quality and extent of his/her Christian service

3. Do you know the applicant's family? Yes _____ No _____ *(Please comment on their husband/wife AND parent/child relationship)* If yes, is there anything you think would be helpful for us to know about them?

4. Have we overlooked anything which you consider relevant to this application?

FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

_____ YES (unreservedly) _____ YES (with some reservations) _____ NO

If you have reservations, your comments would be helpful

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

EMAIL: _____

SIGNED: _____

DATE: _____

Please send the completed form to:

DTS Leader

YWAM Rwanda

BP 3159, Kigali



CONFIDENTIAL REFERENCE

Discipleship Training School

To Be Completed By The Church Leader

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis. The person named below has listed you as their Church Leader and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This Discipleship Training School (DTS) includes three months of lectures and three months of field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the student to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

NAME OF APPLICANT: _____

(Title, Surname, First Name)

CURRENT ADDRESS: _____

Telephone: _____ Fax: _____ Email: _____

SCHOOL APPLIED FOR: _____ Starting Date: _____

I know the applicant: very well _____ quite well _____ a little _____ very little _____

What is your relationship with the applicant? _____

(eg. Minister/ Pastor/Home Group Leader)

PERSONALITY/CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 - Usually 2 - Often 3 - Sometimes 4 - Rarely

Healthy _____ Leader _____ Reliable _____

Loner _____ Team Worker _____ Disruptive _____

Initiator _____ Aggressor _____ Enthusiastic _____

Worrier _____ Co-operative _____ Energetic _____

ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period. Please answer / comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes _____ No _____ Comments: _____

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision-making?

Yes _____ No _____ Comments: _____

3. The applicant's ability to be a part of a team _____

4. The applicant's ability to handle conflict _____

5. The applicant's motivation for getting involved in missions _____

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian _____

2. The quality and extent of his/her Christian service _____

3. Do you know the applicant's family? Yes _____ No _____ *(Please comment on their husband/wife AND parent/child relationship)*

If yes, is there anything you think would be helpful for us to know about them?

4. Have we overlooked anything which you consider relevant to this application?

FINALLY...

Do you as a church support the candidate's application for this school and potential service with YWAM after its completion?

_____ YES (unreservedly) _____ YES (with some reservations) _____ NO

If you have reservations, your comments would be helpful _____

NAME: _____

ADDRESS: _____

TEL: _____ FAX: _____ EMAIL: _____

SIGNED: _____ DATE: _____

Please e-mail or send the completed form to:

DTS Leader

YWAM Rwanda

BP 3159, Kigali



MEDICAL REPORT

Please return to: DTS Leader
YWAM Rwanda
BP 3159, Kigali

TO THE APPLICANT:

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page.

(The Doctor is entitled to charge a fee for this service for which you are responsible).

Applicant's Name _____

(Title / Surname / First Name)

Date of Birth _____ NHS No. _____

(dd/mm/yy) (for British applicants only)

Current Address _____

School applied for: _____ Starting Date: _____

GENERAL HEALTH

* Are you able to walk up to six miles (10 kilometres) in one day? Yes _____ No _____

If this is a problem, please explain: _____

* Are you able to carry out reasonably strenuous physical work? Yes _____ No _____

If no, please explain: _____

* Are you presently in good health? Yes _____ No _____

If no, please give brief details: _____

MEDICAL HISTORY

Please answer the following questions as fully as possible:

* List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION DATE OUTCOME

* List any SERIOUS MENTAL OR PHYSICAL ILLNESS in your IMMEDIATE FAMILY :

ILLNESS FAMILY MEMBER

* Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may affect your health:

* List any MEDICATIONS which you take, either on a regular basis, or only when needed :

* What is your HEIGHT? Ft _____ In _____ (or _____ mtrs)

What is your WEIGHT? St _____ lbs _____ (or _____ kgs)

* Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders)

* Is there any other information which will be helpful for us to know as we consider your application?

*** FOR WOMEN ONLY**

Have you had any problems with pregnancy or menstrual periods? Please explain.

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a stamped and addressed envelope so that he or she can post it direct to YWAM Rwanda

APPLICANT'S RELEASE OF MEDICAL INFORMATION

I _____ (applicant's name), give permission for the release of relevant medical information to the Youth With A Mission Medical Officer prior to service with the mission.

Signed: _____ Date: _____
(dd/mm/yy)

MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR WHO HOLDS YOUR MEDICAL RECORDS

Name of applicant: _____

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training in the United Kingdom and Ireland, but the practical field placement may involve work in primitive situations anywhere in the world.

Please make any comments or additions on:

* PAST HISTORY _____

* RELEVANT FAMILY HISTORY _____

* CURRENT MEDICATION _____

* WEIGHT and GENERAL FITNESS _____

* GENERAL HEALTH Please give details if the applicant has had any problems with -

. epilepsy or fits

. anaemia or blood disorders

. hypertension or heart disease

. endocrine disorders

. psychiatric problems - including depression, anxiety & eating disorders

. adverse reactions to stressful situations

* Is the applicant free from INFECTIOUS DISEASES? _____

* Has the applicant had any ALLERGIC REACTIONS? _____

* Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant?

Doctor's Signature : _____ Date: _____
(dd/mm/yy)

Name and Address (or practice stamp) _____

Please return to:

DTS Leader

YWAM Rwanda

BP 3150

Kigali