

## Youth with a Mission Derby

### APPLICATION FOR A Global/Urban Discipleship Training School

Confidential when completed

#### HOW TO COMPLETE THIS APPLICATION

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.

Please answer all the questions on this application form. 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.**

#### REFERENCES

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your employer or teacher. Please ask that they return the forms to 'Student Administration' as soon as possible.

#### MEDICAL REPORT

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

#### PASSPORT/VISA INFORMATION

This information is needed for anticipated visa purposes only, including the field placement phase of the DTS.

#### ADMINISTRATION FEE

A non refundable fee of £25 (which covers the cost of processing your application) should be included when you return this form. Foreign students can send this by bank draft in **Pounds Sterling only** or buy Pounds Sterling and send it – it seems to arrive safely.

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

#### TO AID YOUR COMPLETION OF THIS FORM

Please tick the boxes after you have completed each task

- Read and understood the **financial policy** sheet
- Completed and signed the **application form**
- Entered your name, address and school applying for on the reference forms
- Sent **reference** form to Employer/Teacher
- Sent **reference** form to mature Christian friend
- Sent **reference** form to Pastor/Church leader
- Completed medical details and sent **medical form** to Doctor
- Completed and sealed and envelope containing **passport information** & passport photos
- Included **£25 administration fee**

**Now return the application pack to:**

**Student Administration, YWAM, Overdale House, 96 Whitaker Road, Derby. DE23 6AP**

Global ..... Urban ..... Year beginning .....

**1. PERSONAL INFORMATION**

Name .....

Current Address (valid until .....)

.....  
.....

Telephone: .....

Email: .....

How long have you lived here: .....

Permanent address: (if different from above) .....

.....  
.....

Telephone: .....

Email: .....

Date of birth: ...../...../..... Age:..... Sex:.....F .....M  
                  dd           mm           yy

**2. MARITAL STATUS**

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

Spouse/fiance's name: .....

Has your spouse/fiancé 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**

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/Qualification received

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

Name of Establishment	Dates attended	Exam Success/Qualification 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 your proficiency:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| 1 – elementary speaking              | 4 – full professional proficiency |
| 2 – limited word proficiency         | 5 – native tongue proficiency     |
| 3 – minimum professional proficiency | 6 – mother tongue                 |

English proficiency: ..... Other languages and proficiency .....  
.....

**7. GIFTS & 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 achievements you feel are highlights over your lifetime so far:  
.....  
.....  
.....

**8. CHRISTIAN & LIFE EXPERIENCE**

Please prayerfully answer the following questions, briefly, on a separate piece of paper and attach this to your application form. *(If you would feel more comfortable speaking to somebody before completing this form, please feel free to call us.)*

**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 at currently**

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 mission 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?

**9. FINANCES**

Please read the Financial Policy Sheet before completing this section. Every staff person in Youth with a Mission is responsible for providing 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. £ ..... is what I have at the present time towards the school fees.
- £ ..... is what my church/family/friends have pledged towards my fees.
- £ ..... 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 .....

Should you be accepted for the school, how much notice do you need to give? .....

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

**10. CRIMINAL OFFENCES**

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

No ..... Yes..... If YES, please explain .....

Have you ever been the subject of a police investigation in any country which did not lead to a criminal conviction?

No ..... Yes ..... If YES, please give details .....

**CRIMINAL OFFENCES cont.**

Has any allegation ever been made against you which has been reported to, and investigated by, Social Services/The Social Work Department in any country:

No ..... Yes ..... If YES, please give details .....

.....  
.....  
.....

Has any disciplinary action ever been taken against you or written warning given to you in any country, by any employer or any charitable or other organisation or body working with children or young people in relation to your behaviour with children and young people:

No ..... Yes ..... If YES, please give details .....

.....  
.....  
.....

YWAM, as an agency working with children and young people, is exempt from the UK Rehabilitation of Offenders Act (1974) and, therefore, applicants must declare all previous convictions. Police record checks can be made by YWAM to verify information.

**11. LIABILITY, CONSENT, COMMITMENT AND TERMINATION OF INVOLVEMENT**

**RELEASE OF LIABILITY**

Though every effort is made to provide a safe environment, Youth with a Mission Limited, their agents, employees and volunteer assistants are insured against loss or injury caused by the negligence of Youth with a Mission Limited.

Accordingly, in the absence of any negligence or other breach of duty by Youth with a Mission Limited, participation in a Youth with a Mission Limited organised programme, event or outreach is entirely at the participants own risk. Participants are required to have adequate medical insurance for all phases of their involvement with Youth with a Mission Limited.

Applicant's signature ..... Date: ..... 20 ...  
Day/month

Signature of parent/guardian (if the applicant is under 18 years of age).

.....Date: ..... 20...

**CONSENT FOR TREATMENT – an emergency provision**

In the event that I am unable to sign a consent form, owing to incapacity. I hereby, give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. Whilst YWAM will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for YWAM to act in my best interests. I recognise that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

Applicant's signature ..... Date: ..... 20 ...  
Day/month

Signature of parent/guardian (if the applicant is under 18 years of age).

.....Date: ..... 20...

**COMMITMENT**

- I have completed all portions of this application truthfully and to the best of my knowledge, and if accepted by Youth with a Mission Limited, 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 confirm that I have read the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made).
- I, therefore, undertake to pay all personal expenses during my involvement with Youth with a Mission.

Applicant's signature ..... Date: ..... 20 ...  
Day/month

Signature of parent/guardian (if the applicant is under 18 years of age).  
.....Date: ..... 20...

**TERMINATION OF INVOLVEMENT**

Youth With a Mission Limited reserves the right to terminate my involvement with them, if I am found to have misled YWAM in any way or if my conduct is prejudicial to the good running of the school or to the reputation of YWAM. I have read this form and accept the terms set out in it.

Applicant's signature ..... Date: ..... 20 ...  
Day/month

Signature of parent/guardian (if the applicant is under 18 years of age).  
.....Date: ..... 20...

CONFIDENTIAL REFERENCE

# Youth With a Mission Global/Urban DTS

**To be completed by the Church Leader**

**CANDIDATE DETAILS** *(To be completed by the applicant)*

Name of Applicant .....

Current Address .....

.....

Telephone ..... Email .....

School Applied for ..... Starting date .....

**Youth with a Mission and the DTS**

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 above has listed you as their pastor or 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 at least three months of lectures and up to four and a half 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. **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 the application - thank you.**

**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 .....

Disruptive ..... Initiator ..... Aggressor ..... Enthusiastic .....

Team worker ..... Worrier ..... Co-operative ..... Energetic .....

**ABILITY TO WORK IN TEAMS**

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

1. The applicant’s motive for getting involved with missions: .....

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

Yes ..... No ..... Comments .....

3. The applicant may sometimes have to make difficult personal decisions under stressful conditions – eg. 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 .....

4. The applicant’s ability to be part of a team .....

5. The applicant’s ability to handle conflict .....

**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 .....

Is there anything you think would be helpful for us to know about them? .....

*(Please comment on the husband/wife AND parent/child relationship)*

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:**

School Administration, YWAM, Overdale House, 96 Whitaker Road, DERBY. DE23 6AP  
Tel: 01332 291987 or 299658 email: schools@ywamderby.org

CONFIDENTIAL REFERENCE

# Youth With a Mission Global/Urban DTS

## To be completed by your teacher or employer

*someone who knows you in the classroom or work setting*

### CANDIDATE DETAILS *(To be completed by the applicant)*

Name of Applicant .....

Current Address .....

.....

Telephone ..... Email .....

School Applied for ..... Starting date .....

### Youth with a Mission and the DTS

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 above has listed you as their employer 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 at least three months of lectures and up to four and half 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. **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 the application - thank you.**

### 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 .....

Disruptive ..... Initiator ..... Aggressor ..... Enthusiastic .....

Team worker ..... Worrier ..... Co-operative ..... Energetic .....

**ABILITY TO WORK IN TEAMS**

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

1. The applicant's attitude to work .....

.....

2. The quality and character of his/her work .....

.....

3. The applicant's maturity in making judgements: .....

.....

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

.....

5. The applicant's ability to handle conflict .....

.....

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

.....

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

What is your relationship with the applicant .....eg. employer/teacher

**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:**

School Administration, YWAM, Overdale House, 96 Whitaker Road, DERBY. DE23 6AP  
Tel: 01332 291987 or 299658 email: schools@ywamderby.org

# Youth With a Mission Global/Urban DTS

**To be completed by a mature Christian**

**CANDIDATE DETAILS** *(To be completed by the applicant)*

Name of Applicant .....

Current Address .....

.....

Telephone ..... Email .....

School Applied for ..... Starting date .....

**Youth with a Mission and the DTS**

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 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 at least three months of lectures and up to four and a half months field placement. The field placement could be in primitive and stressful conditions, but will provide an opportunity for the student to use their skills. **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 the application - thank you.**

**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 .....

Disruptive ..... Initiator ..... Aggressor ..... Enthusiastic .....

Team worker ..... Worrier ..... Co-operative ..... Energetic .....

**ABILITY TO WORK IN TEAMS**

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

- 1. The applicant's motive for getting involved with missions: .....  
.....
- 2. Do you foresee any difficulties that could compromise their Christian sexual morality?  
Yes ..... No ..... Comments .....
- 3. The applicant may sometimes have to make difficult personal decisions under stressful conditions – eg. 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 .....
- 4. The applicant's ability to be part of a team .....
- 5. The applicant's ability to handle conflict .....

**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 .....  
Is there anything you think would be helpful for us to know about them ? .....
- (Please comment on the husband/wife AND parent/child relationship)
- 4. Have we overlooked anything 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:**

School Administration, YWAM, Overdale House, 96 Whitaker Road, DERBY. DE23 6AP  
Tel: 01332 291987 or 299658 email: [admin@ywamderby.org](mailto:admin@ywamderby.org)

# 1 Medical reference



YOUTH WITH A MISSION  
ENGLAND

**Please return this form to: The Medical Officer, Personnel Department, YWAM Derby, Overdale House, 96 Whitaker Road, Derby, DE23 6AP, England**

**Tel: +44 (0)1332 299658**

**E-mail: [personnel@ywamderby.org](mailto:personnel@ywamderby.org) Website: [www.ywamderby.org](http://www.ywamderby.org)**

- Please answer all the questions on this medical reference form.
- It will help us if you type your answers or print carefully in black/blue ink.
- Husbands and wives must supply separate medical references.
- If you need more space to answer a question, please use a separate piece of paper.

## TO THE APPLICANT

Please complete the first two pages of this reference 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).

Name (Title / Surname / First Name )

Date of Birth (dd/mm/yy)

NHS No. (for British applicants only)

Current Address

Post/Zip code

Position being applied for

Anticipated start 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:

# 2 Volunteer worker **medical reference**

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
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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?**      Feet      inches      (or      metres)

What is your **WEIGHT?**      Stone      lbs      (or      kilogrammes)

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?

# ③ Volunteer worker **medical reference**

## **FOR WOMEN ONLY**

Do you have any gynaecological problems that still affect you? (eg. problems with past pregnancies or menstrual periods?) Please explain.

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## **APPLICANT'S RELEASE OF MEDICAL INFORMATION**

I  (*applicant's name*), give permission for medical information to be reviewed by a registered nurse or medical doctor, or suitably qualified Allied Health Professional for purposes of assessing my suitability for service with Youth With A Mission.

I 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)

**When you have completed the above sections, please take the whole medical reference to your doctor and ask him/her to complete their section. Then please return the completed reference to us at the address on the front of this form.**

## **MEDICAL REFERENCE 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 service with Youth With A Mission, England, which may include brief trips to locations anywhere in the world.

Please make any comments or additions on:

PAST HISTORY

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RELEVANT FAMILY HISTORY

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---

CURRENT MEDICATION

---

---

WEIGHT and GENERAL FITNESS

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# 4 Volunteer worker **medical reference**

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: Attn: YWAM Medical Officer, The Personnel Department, (see address on the front of the form).**



# MEDICAL REPORT

Please return to: YWAM Medical Officer, YWAM location applicant is applying to

## 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 Harpenden.*

**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: YWAM Medical Officer, YWAM location applicant is applying to**



YOUTH WITH A MISSION

## PASSPORT / VISA INFORMATION

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

Please attach one of your passport size photographs here

**Please send this document, completed and with photos, in a separate, sealed envelope and include it in your application package. It is NOT part of the application process.**

School applying for: \_\_\_\_\_

**Please note:** You must have a passport valid for at least 2 months prior to the beginning of the school and 6 months after the end of the school outreach phase for visa application purposes.

Name as listed on passport \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Citizenship/nationality \_\_\_\_\_

Passport Number \_\_\_\_\_

Place of Issue \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Date of issue \_\_\_\_\_

*(day / month / year)*

Date of expiry \_\_\_\_\_

*(day / month / year)*

**Please return to:**

**The Registrar, YWAM, Address of base applying to**