



## Application form for Discipleship Training School for families

### Important information

This application is confidential and will only be read by the leadership of the school. Discipleship Training School will be abbreviated as DTS throughout the application. Please print neatly or type. If you use a separate sheet of paper, refer to the number of the question.

**Registration Fee** The non-refundable registration fee of 100 US\$ can be paid in a few ways:

- Bank draft (7734 1026373 - IBAN – DK3477340001026373 - SWIFT – VEHODK22)
- Personal check with equivalent amount in your currency

### Your application

DTS Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. PERSONAL INFORMATION (USE BLOCK LETTERS)

Name of applicant (last, first, middle):

\_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Until (day, month, year) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Permanent address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth (day, month, year) \_\_\_\_\_  Male  Female

Nationality \_\_\_\_\_

Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_

## 2. MARITAL STATUS

single       engaged       married       separated       divorced  
 remarried       widow/er       children?      How many? \_\_\_\_\_

### A. Spouse: Name (last, first, middle)

Date of birth (day, month, year) \_\_\_\_\_ Nationality \_\_\_\_\_

Is your spouse accompanying you?  Yes  No

*Please attach  
2 recent  
passport sized  
photos  
here*

### B. Dependants: Children accompanying you:

1. Name (last, first, middle) \_\_\_\_\_

Birthdate (day, month, year) \_\_\_\_\_ sex \_\_\_\_\_ grade in school \_\_\_\_\_

2. Name (last, first, middle) \_\_\_\_\_

Birthdate (day, month, year) \_\_\_\_\_ sex \_\_\_\_\_ grade in school \_\_\_\_\_

3. Name (last, first, middle) \_\_\_\_\_

Birthdate (day, month, year) \_\_\_\_\_ sex \_\_\_\_\_ grade in school \_\_\_\_\_

## 3. EMERGENCY/HEALTH INFORMATION

### A. In case of emergency, please contact: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Your relation to this person \_\_\_\_\_

### B. Applicant's health

Blood type \_\_\_\_\_

Are you allergic to any drugs? If so, please specify \_\_\_\_\_

General health:  excellent       good       average       poor

### C. Do you have any handicap or illness (i.e. allergies, diabetes) that demands special equipment or will affect your situation at the school? Yes No

If so, please describe \_\_\_\_\_

\_\_\_\_\_

**D. Do you take any prescription drugs?**  Yes  No

If so, which ones and for what reason? \_\_\_\_\_

**E. Have you received any psychiatric or ongoing medical treatment within the last five years?**

Yes  No If so, please specify \_\_\_\_\_

**F. Have you ever abused alcohol or drugs?**  Yes  No

**Do you smoke/use tobacco?**  Yes  No

If so, please specify \_\_\_\_\_

**G. Have you ever been involved in occult phenomenon (i.e. hypnosis, meditation, yoga) or other religions and sects?**  Yes  No

If so, what is your relationship/connection to this today? \_\_\_\_\_

**H. Have you had any of the following diseases?**

Chickenpox  Measles (Rubeola)  Measles (Rubella)

Pertussis  Scarlet Fever  Mumps

**I. Immunizations**

When was the last time you were immunized (or received a booster) for: Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_

Pertussis \_\_\_\_\_ Polio \_\_\_\_\_ Rubella \_\_\_\_\_ Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_

## 4. LANGUAGES / SKILLS / EXPERIENCE / EDUCATION

**A. Please list the languages you speak, and to what degree.**

- |          |   |   |                                 |
|----------|---|---|---------------------------------|
| 1. _____ | <input type="checkbox"/> some knowledge | <input type="checkbox"/> conversational | <input type="checkbox"/> fluent |
| 2. _____ | <input type="checkbox"/> some knowledge | <input type="checkbox"/> conversational | <input type="checkbox"/> fluent |
| 3. _____ | <input type="checkbox"/> some knowledge | <input type="checkbox"/> conversational | <input type="checkbox"/> fluent |
| 4. _____ | <input type="checkbox"/> some knowledge | <input type="checkbox"/> conversational | <input type="checkbox"/> fluent |

**B. Education/schools/occupation/ work experience, and to what level?**

School/work:

Time period:

_____	_____
_____	_____
_____	_____

**C. Describe your interests, skills and hobbies (i.e. music, outdoor activities, practical abilities, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**D. Drivers license/Category?**       Car       Bus       Other: \_\_\_\_\_

**E. How do you describe yourself?**

Initiative	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Self-esteem	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Self-control/discipline	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Openness to counseling	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Submitting to leaders	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Financial responsibility	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Reliability/trustworthiness	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Communication skills	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Concern for others	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Productivity	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Willingness to serve others	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>
Ability to cope with stress	Excellent <input type="checkbox"/>	Normal <input type="checkbox"/>	Needs improvement <input type="checkbox"/>

## 5. CONGREGATION/SPIRITUAL BACKGROUND

**A. When and how did you become a Christian?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Home church** \_\_\_\_\_ **Denomination** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Name of Pastor/Priest** \_\_\_\_\_ **Are you a member?**  Yes       No

**E. How is your relationship to your congregation/church/fellowship?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Describe your spiritual development until today. How you have been led by God \_\_\_\_\_

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## 6. FAMILY

A. Were you raised as a Christian from childhood?  Yes  No

Are your parents Christians?  Yes  No

Do your parents/closest family support you in applying for a DTS?  Yes  No  Don't know

B. Please, describe your childhood and your relationship to your closest family? \_\_\_\_\_

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## 7. MINISTRY/CALLING

A. Please list if you have any previous involvement with YWAM (i.e. team, campus, etc.)?

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B. List the Christian activities you've been involved in.

Activity	Time period	Leader position?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Which areas do you feel God is calling you into? (check those which apply.)

evangelism    children's ministry    practical ministries    music/song/drama  
 mission    media    mercy ministry    teaching/training

Other: \_\_\_\_\_

## 8. MOTIVATION FOR APPLYING FOR A DTS

In your own words, describe why you are applying for this DTS \_\_\_\_\_

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## 9. FINANCES

A. How do you plan to finance your DTS?

Own resources       Gifts from friends/family       Support from my church

Other: \_\_\_\_\_

B. Do you have any outstanding dept?       Yes       No

If so, how do you plan to meet this obligation? \_\_\_\_\_

I understand that payment of the required school tuition fees must be made prior to or upon my arrival, unless otherwise approved in writing by the School Director before my arrival. Furthermore, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses. If I am accepted, I will abide by the Spirit, rules and schedule of the school.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 10. RELEASE OF LIABILITY

I hereby release the University of the Nations and Youth With A Mission, Inc., its staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person(s) during the course of involvement with the University of the Nations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## 11. REFERENCES

We need two references sent directly to the school. One of the must be from your pastor/priest/youth leader while the other one may be a personal friend. Please send the reference form to these people as soon as possible including an addressed and stamped envelope. We cannot process the application before we have received these references.

A. Reference number 1: (Pastor/Priest/Your leader)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

B. Reference number 2: (Friend/Employer)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## 12. SIGNATURE

I certify that all information given in this application is complete and accurate.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send application form to

Youth With a Mission  
Randersvej 195  
8544 Moerke  
Denmark

Phone: +45 86974055  
Fax: +45 86974385  
e-mail: [ywam@ywam.dk](mailto:ywam@ywam.dk)  
web: [www.ywam.dk](http://www.ywam.dk)

*Phone: +45 8697 4055  
Fax: +45 8697 4385  
Giro: 1199 885 1425  
ywam@ywam.dk  
www.ywam.dk*

*Youth With A Mission  
Randersvej 195  
DK-8544 Moerke*