

Application Form



Youth With A Mission Newcastle Inc
CRICOS # 02157G
in partnership with Institute for the Nations – Australia
RTO # 0449

Thank you for your expression of interest in attending a school here at YWAM Newcastle. Developing skills and knowledge is one of the ways that God has called YWAM Newcastle to take people worldwide further into their destiny and calling.

We currently offer:

- Discipleship Training Schools: Certificate III in Discipleship (52282)
- School of Innovative Youth Ministry

Completing this application is the **first step** in applying for one of the above schools.

Please read the application guide carefully before completing your application form. You will need to read the Student Handbook and Course Information for further information on Youth With A Mission Newcastle, its services, courses, admission requirements and application procedures.

If we can be of any assistance, please don't hesitate to phone us on +61 2 4925 2626 or email info@ywamnow.com.

We are looking forward to receiving your application,

David Stephenson
DIRECTOR

Application Guidelines and Checklist

Entry Requirements

Applicants must be a minimum of 17 years old at commencement of course and are generally required to be at least turning 18 during the course. As this course is designed to train Christians, a general entry requirement is a genuine commitment to Jesus Christ and the Christian faith. Successful completion of the Australian Year 10 Certificate (or equivalent) and a sufficient standard of oral and written English proficiency is needed in order to benefit from the training.

Application Checklist

- Please use the check boxes to make sure you complete all sections of the application.
- All the questions on the application must be completed with blue or black ink..
- Husbands and wives must complete separate application forms.
- Please make a **photocopy** of all your application forms for your personal records before sending it to us.

1. Registration Fee

Please include the non-refundable AUD \$40 registration payment with your application. The application will not be processed without it. If you are an overseas applicant, please make your payment via credit card on the phone or forward your registration fee in the form of an **International Bank Draft** in \$AUD.

- AUD \$40 enclosed

2. Entry Application Form

- Entry Application Form completed and signed
 Christian Life and Calling questions
 Confidential Health Form
 Vaccination Record
 Release, Declaration and Financial Agreement forms completed and signed

Note: All sections need to be read, understood and signed by hand.

3. Required Attachments

- Two Photographs (emailed as an attachment is preferable)
 National Police Check of my home country & any country I've lived for more than a year in the last 5 years.
 Working with Children Check printed, signed.
 Proof of identity attached (preferably passport)

4. Confidential References

Please make every effort to have your references filled out **by people who are NOT related to you.** Please personally hand the reference to your referees with a stamped addressed envelope and ask them to complete the reference and mail, email or fax directly to The Registrar Team. Your application cannot be processed without signed references.

- (1) Pastoral (pastor or spiritual leader who is a part of your church in leadership)
 (2) Employer/Supervisor/Teacher (who knows you well). **2nd level schools:** Please have your last YWAM Leader fill this out.
 (3) Friend

Other Important Information:

Passport

Everyone attending a school should have a valid passport with an expiry date of **at least 6 months after** the conclusion of the school. You must have a valid passport before you are able to apply for a visa.

- Passport is valid until at least 6 mths after YWAM school.

Visas, Plane Tickets and Health Insurance

Please **do not** apply for a visa until you receive notification from The Registrar Team at Youth With A Mission Newcastle. Plane tickets are your responsibility and we advise that they should not be purchased until after you have received your visa. More information on Health Insurance, Visa requirements and advise on preparing to come will be outlined if/once you are accepted.

ALL FORMS ARE TO BE MAILED, EMAILED OR FAXED TO:

The Registrar Team, YWAM Newcastle, PO Box 162, The Junction NSW 2291, Australia

Email: info@ywamnow.com

Fax +61 2 4968 1992

Choose a School Please select the school, quarter, year and focus (if any) of the school you are applying for.
School: DTS/SOIYM **Quarter:** January/April/July/September/October **Year** _____
School Focus (if any): _____

Entry Application

Please print in **BLOCK LETTERS** in blue/black ink

Personal Details (as seen in passport)

Mr Mrs Miss Ms
 First Name _____ Middle Name(s) _____
 Last Name _____

Preferred name to be known by: _____

Age _____
 Date of birth _____ / _____ / _____
Day Month Year

Country of birth _____

Marital Status

Single Engaged Married
 Separated Divorced Remarried
 Widowed
 Spouses name, if married _____
 Maiden name, if married _____
 Children, if any _____

Describe your personal life with your spouse (if married)
 and/or children (if applicable) _____

Current Address

Street _____
 City _____
 State/Prov _____
 Postcode _____
 Country _____
 Home Phone _____
 Work Phone _____
 Mobile _____
 Fax _____
 E-mail _____

Mailing Address (if different from above)

Street _____
 City _____
 State/Prov _____
 Postcode _____

Next of Kin

Contact name _____
 Relationship to you _____
 Street _____
 City _____
 State/Prov _____
 Postcode _____
 Country _____
 Home Phone _____
 Work Phone _____
 Mobile _____
 Email _____

Passport Details (email later if passport is processing)

Passport Number _____
 Country of Citizenship _____
 Expiry date _____ / _____ / _____
Day Month Year
 Place of issue (country) _____

Visa (if you have a current Australian visa)

Visa type _____
 Expiry date _____ / _____ / _____
Day Month Year

Australian Indigenous Status (Australian students only)

Are you of Aboriginal or Torres Strait Islander origin?
 No Yes - Aboriginal
 Yes – Torres Strait Islander

Educational History

Which year/grade level have you completed of school?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never attended school

What year did you complete that school level? _____

What is the highest level of qualification you have achieved?

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma
- Certificate IV (or Advanced Cert/Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than above

Other education (formal and informal) and qualifications received:

YWAM History: (2nd level schools (SOIYM) only)

DTS Info: Course Dates: _____

School Leader: _____

Base & country: _____

Have you studied with YWAM in Australia? Yes No

If yes, student number _____

Employment History

Of the following categories, which BEST describes your current employment status?

- Full-time employed
- Part-time employed
- Self Employed - not employing others
- Employer
- Employed – unpaid worker
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

Present Occupation:

Occupational skills (ex. Handy-man work, admin, etc)

Reason for Study

Why do you want to do this particular course?

Please mark which best describes your reasons for applying.

- To get involved in ministry / get a job
- To developed existing ministry / business
- To start my own ministry / business
- Change in ministry / career
- Ministry / job promotion
- Requirement of my work
- For extra skills for my ministry / job
- To get into another course of study
- For personal interest / self-development
- Other reasons

Comments: _____

Financial Support

Do you have the complete fees?

Lecture Phase Yes No

Outreach Phase Yes No

If not, how much do you think you will have at the start of the school?

Lecture Phase: \$ _____ AUD

Outreach Phase: \$ _____ AUD

How do you anticipate the provision of any outstanding amount?

Do you have any outstanding debts? Yes No

If yes, please explain: _____

Legal Information

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

If yes, give details

Do you have a police record? Yes No

If yes, give details

Family

How would you describe the relationships within your family?

Is there a domestic situation that could make it necessary for you to return home?

How does your family feel about your decision to do this school? _____

Disability

Do you consider yourself to have a disability, impairment, or long-term condition? Yes No

If YES, please indicate the area of disability, impairment or long-term condition:

- Hearing / Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Vision
- Acquired Brain Impairment
- Medical Condition
- Other

Languages (Native Language)

Language spoken at home: _____

Other languages spoken: _____

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

All courses at Youth With a Mission Newcastle are conducted in English. All resource material will be in English and no translation will be offered. 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 questions if English is **not** your first language.

(a) Personal Evaluation of English Proficiency:

Please circle your ability level in English for the following skills (1= little understanding and 6 = close to native speaker):

1. What is your ability to speak English?	little understanding	1	2	3	4	5	6	close to native speaker
2. How well can you understand spoken English?	little understanding	1	2	3	4	5	6	close to native speaker
3. How well can you write in English?	little understanding	1	2	3	4	5	6	close to native speaker
4. What is your ability to understand written English?	little understanding	1	2	3	4	5	6	close to native speaker

(b) Independent Testing

If you have completed any English 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: _____

Note: 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).

Christian Life and Calling

Please answer the following questions:

1. Please describe your Christian experience and present relationship with the Lord. Give month and year of conversion.

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.....

.....

.....

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.....

.....

.....

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.....

.....

2. What noticeable changes have you experienced since then?

.....

.....

.....

.....

.....

3. What areas of your character are you presently seeking God to further develop?

.....

.....

.....

4. Do you feel God has given you, or is leading you into any particular area of ministry at YWAM Newcastle and in general?

.....

.....

.....

5. Are there any outstanding problems or unresolved conflicts in your life?

.....

.....

.....

6. Describe Christian work you have done.

.....

.....

.....

.....

.....

7. How do you feel you adapt and respond to changes in situations and new environments?

.....

.....

.....

.....

8. Do you feel called to serve God full-time in ministry/missions? Give details.

.....

.....

.....

9. **2nd Level Schools:** How do you feel about personally being involved in Evangelism?

.....

.....

.....

.....

Health Information

General Health

Medicare No. (if applicable): _____

Height: _____ centimetres Weight: _____ kilograms

Are you able to carry out reasonably strenuous work on a daily basis? Yes No

Personal History

Have you ever had any of the following? Comment on all positive answers.

- | | | |
|---|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Skin Condition (specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No Gall Bladder Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Eye Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ear Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No Low Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Head Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No Anaemia | <input type="checkbox"/> Yes <input type="checkbox"/> No Venereal disease |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Recurrent Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No Intestinal Troubles | <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Tumours |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No Chronic constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting Spells | <input type="checkbox"/> Yes <input type="checkbox"/> No Recurrent Diarrhoea | <input type="checkbox"/> Yes <input type="checkbox"/> No Broken bones |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Mental/Nervous Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No Stomach/Duodenal Ulcer | <input type="checkbox"/> Yes <input type="checkbox"/> No Dislocation of joints |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Clinical Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis A, B, or C (specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No Back Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Eating Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No HIV positive | <input type="checkbox"/> Yes <input type="checkbox"/> No Arthritis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No Menstrual cycle problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Insomnia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant | <input type="checkbox"/> Yes <input type="checkbox"/> No Weakness |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hay Fever/Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No Addictions (specify) | |

Explanations for above: _____

If you have answered YES to the above list in regards to Clinical Depression or Mental/Nervous Disorders – please request from your doctor a letter of recommendation as to whether a course of this kind would be suitable for you and a general outline of your specific situation in relation to this condition.

Do you have any allergies? Yes No Specify: _____

Do you have any special dietary needs? Yes No Specify: _____

Do you regularly take any prescription medications? Yes No Specify: _____

Do you suffer from any condition that is currently under treatment by a doctor? Yes No If yes, please specify: _____

Is there anything else regarding your health or well being you feel your staff should be aware of? Yes No Comments: _____

Have you ever had any of the following communicable diseases?

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

How would you rate your overall health condition? Excellent Good Fair Poor

Family History

Have any of your relatives ever had any of the following?

- | | | | | | |
|-----------------|--|-----------|--|-----------------|--|
| Kidney disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | Asthma/hayfever | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Stomach disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | Arthritis | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cancer | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Heart disease | Yes <input type="checkbox"/> No <input type="checkbox"/> | Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mental illness | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Immunisation Record

Please come up-to-date according to your country's immunisation schedule.

Additional shots recommended for outreach may be obtained in Australia.

Disease	Childhood Vaccinations			Travel/Other Vaccinations			
	Standard number of doses *	Series Completed Yes/No	Date Last Booster Received	Disease	1 st Dose	2 nd Dose	3 rd /Lastest Dose
Diphtheria	5			Hepatitis A			
Tetanus	5			Hepatitis B			
Pertussis	5			Typhoid			
Polio	4			Tuberculosis			
Measles/Mumps/Rubella	2			Cholera			
Meningococcus	1			Yellow Fever			

*(Carter, 2000, *The Complete Family Medical Guide*, p 705)

LEGAL INFORMATION

Release of Liability

I do hereby release Youth With A Mission Newcastle Inc., its agents, employees, and volunteer assistants from any liability whatsoever, arising out of any injury, illness, damage or loss that may be sustained by the said person during the course of involvement with YWAM Newcastle.

Signed _____

Dated ____/____/____
Day Month Year

Statement of Burial

I agree that in the case of my death while in Youth With A Mission Newcastle Inc., Youth With A Mission Newcastle Inc 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 Newcastle Inc. and its entire staff and associates of the burial costs.

Signed _____

Dated ____/____/____
Day Month Year

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 is deemed necessary.

Signed _____

Dated ____/____/____
Day Month Year

Statutory Declaration

I acknowledge that YWAM Newcastle is a youth organisation and I will conduct my behaviour in the best interest of the youth in their care. I acknowledge that on acceptance I will be accountable to school leaders/ministry leaders to report any incidents that I am aware of regarding the welfare of the youth in the care of YWAM Newcastle.

YWAM Newcastle is obligated by law to report any allegations or incidents concerning the welfare of youth and YWAM Newcastle reserves the right to withdraw any member from ministry due to wrongful conduct.

I hereby declare that:

a) I have never been involved in or convicted for violent behaviour, illegal drug relations, sexual assault, or any crimes against minors.

Yes No

If no, please specify: (when and where)

b) I will provide a police check from my home country and any country I've lived in the last five years for more than one year and hereby give my permission for any other checks that may be necessary.

Yes No

c) I understand that this statement will be periodically reviewed. Should I fail to meet my commitment as set out above I could be asked to withdraw from the ministry of YWAM Newcastle and I will do so upon such request.

Yes No

I would like to declare or add this comment:

I sign this declaration conscientiously believing it to be true and in accordance with the provision of the OATHS Act 1990.

Signed _____

Dated ____/____/____
Day Month Year

Acknowledgement 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 in writing, and I agree to do so. I also confirm that I am fully aware of the refund policy and 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 YWAM Newcastle.

Signed _____

Dated ____/____/____
Day Month Year

Declaration

I declare that all the information contained here in is true, correct and complete to the best of my knowledge.
I confirm that I have read the "Student Handbook", provided with this application form and that I agree to it. I agree that if I am accepted by YWAM Newcastle onto the school, I will abide by the spirit, rules and schedule of the school.

Signed _____
Dated _____ / _____ / _____
 Day Month Year

Parent/Guardian Declaration (of applicants under 18 years of age)

I have read all the above statements and agree with them as the legal parent/guardian of the applicant.

Name of Parent/Guardian _____

Relationship _____

Signed _____

Dated _____ / _____ / _____
 Day Month Year

Required Attachments

1. Photos: two photos of you (emailed is preferred)

2. National Police Check:

Apply for a National Police Check from your relevant authority (normally your local police station) and submit it with this application. Police Checks must be provided in ENGLISH from your home country & the countries you've lived in the last 5 years for more than 1 year.

(New Zealanders apply to Minister of Justice, USA residents apply at <http://www.instantcriminalchecks.com/criminal-national.html> or if time permits (2 months prior or more), through the FBI. Under 18 year olds, not required until after turning 18.)

3. The Working with Children Check:

Please read and complete the working with children form and submit it with this application. Go to:

<https://check.kids.nsw.gov.au/volunteer-declaration.php>.

Note: *Identification – please use your passport where possible. A copy of proof of identity used in this form must be sent to Registrar. *Title of child related position – Youth Street team staff

Pastoral Reference



Applicant: _____

School Applying for: _____

The above applicant has applied for admission to Youth With A Mission Newcastle. Youth With A Mission is a Christian mission-orientated, international, interdenominational organisation. YWAM, founded in 1960, now has centres in over 600 locations on all continents. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. The DTS is only an entry-level mission experience. SOE & SOIYM are second level schools.

Please note: Under the Australian Privacy Act, the applicant may request to see this form. Thank you for your assistance.

Referee Details

Mr Mrs Miss Ms Other _____

Home Phone _____

Full Name _____

Work Phone _____

Street _____

Mobile _____

City _____

Fax _____

State/Prov. _____

Email _____

Postcode/Zip _____

Church _____

Position _____

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

1 2 3 4 5 6 7 8 9 10

Character Profile

Above Average Average Below Average

Above Average Average Below Average

Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability/meets obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds well under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrious/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant display high moral standards? Yes No If no, please explain _____

Please comment on the applicant's:

Character strengths: _____

Character weaknesses: _____

Emotional stability: _____

Family background (if known): _____

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine & Growing Over-emotional Superficial

Would you have this person on your staff? Yes No Comment: _____

Would you recommend this person to work with minors/children? Yes No

Comment: _____

How long have you known the applicant? _____ years _____ months

Would you recommend the applicant for acceptance by YWAM Newcastle?

Yes, unreservedly Yes Yes, with hesitation No

Signature _____

Date _____ / _____ / _____

Day Month Year

Yes I would like to keep in touch with the ministry of Youth With A Mission Newcastle. Please put me on your mailing list.

Please mail, email or fax this form directly to:

The Registrar, YWAM Newcastle, PO Box 162, The Junction NSW 2291, AUSTRALIA Email: info@ywamnow.com Fax: +61 2 4968 1992

Employer/Teacher Reference



Applicant: _____

School Applying for: _____

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Referee Details

Mr Mrs Miss Ms Other _____

Home Phone _____

Full Name _____

Work Phone _____

Street _____

Mobile _____

City _____

Fax _____

State/Prov. _____

Email _____

Postcode/Zip _____

Occupation _____

Position _____

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

1 2 3 4 5 6 7 8 9 10

Character Profile

	Above Average	Average	Below Average		Above Average	Average	Below Average
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability/meets obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds well under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrious/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant display high moral standards? Yes No If no, please explain _____

Please comment on the applicant's:

Character strengths: _____

Character weaknesses: _____

Emotional stability: _____

Family background (if known): _____

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine & Growing Over-emotional Superficial

Would you have this person on your staff? Yes No Comment: _____

Would you recommend this person to work with minors/children? Yes No

Comment: _____

How long have you known the applicant? _____ years _____ months

Would you recommend the applicant for acceptance by YWAM Newcastle?

Yes, unreservedly Yes Yes, with hesitation No

Signature _____

Date _____ / _____ / _____
Day Month Year

Yes I would like to keep in touch with the ministry of Youth With A Mission Newcastle. Please put me on your mailing list.

Please mail, email or fax this form directly to:

The Registrar, YWAM Newcastle, PO Box 162, The Junction NSW 2291, AUSTRALIA. Email: info@ywamnow.com Fax: +61 2 4968 1992

Friend Reference



Applicant: _____

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

1 2 3 4 5 6 7 8 9 10

Character Profile

	Above Average	Average	Below Average		Above Average	Average	Below Average
Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability/meets obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds well under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrious/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant display high moral standards? Yes No If no, please explain _____

Please comment on the applicant's:

Character strengths: _____

Character weaknesses: _____

Emotional stability: _____

Family background (if known): _____

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine & Growing Over-emotional Superficial

Would you have this person on your staff? Yes No Comment: _____

Would you recommend this person to work with minors/children? Yes No

Comment: _____

How long have you known the applicant? _____ years _____ months

Would you recommend the applicant for acceptance by YWAM Newcastle?

Yes, unreservedly Yes Yes, with hesitation No

Signature _____

Date _____ / _____ / _____
Day Month Year

Yes I would like to keep in touch with the ministry of Youth With A Mission Newcastle. Please put me on your mailing list.

Please mail, email or fax this form directly to:

The Registrar, YWAM Newcastle, PO Box 162, The Junction NSW 2291, AUSTRALIA. Email: info@ywamnow.com Fax: +61 2 4968 1992