URBAN DISCIPLESHIP TRAINING SCHOOL

APPLICATION

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 AND CRIMINAL RECORDS CHECK

To complete this application you will need to provide three Reference Forms. 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 as soon as possible as we cannot make a decision without them. A current criminal records check covering work with ***children and vulnerable adults*** is required. Information on obtaining this will be in the application pack.

MEDICAL REPORT

A Medical Report Form is included. If there are issues of concern, we may request another report from a medical professional, to make sure participation on this course is in your best medical interest.

PASSPORT/VISA INFORMATION

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

APPLICATION FEE

A non-refundable fee of £25 (which covers the cost of processing your application) will be required upon receipt of your application. We will contact you with how to do this. (UK applicants can send this by cheque.)

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

- ☐ 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
- ☐ **£25 application fee payment organised.**

I am applying for the Urban DTS beginning (month/year) _____

1. PERSONAL INFORMATION

Given Name: _____ Surname: _____

Preferred name: _____

Current Address: (valid until _____) _____

_____

Town: _____ County/State/Province: _____

Post/Zip Code: _____ Country: _____

Home Telephone: _____ Mobile/Cell: _____

Email address: _____

How long have you lived here? _____

Permanent address*: (if different from above)* _____

_____

_____

Date of birth: (DD/MM/YY) ____/____/____ Age: ____

Sex: ____F ____M (necessary for dormitory accommodation arrangements)

Nationality: _____ Passport Number: _____ Expires: (mm/yy) _____

2. MARITAL STATUS

Single ____ Engaged ____ Married ____ Separated ____ Divorced ____ Widow/er____

Spouse/fiancé's name: _____Age : _____

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 list names, ages, sex and nationality if different to your own:

_____

_____

_____

4. CHURCH INFORMATION

Church Affiliation: _____ Church Name: _____

Church Leader's Name & Title: _____

Address: _____

_____

_____

Email: _____

Phone: _____ Mobile/Cell _____

Does your church leader support the idea of you attending a YWAM school?

Yes ____ Yes, with reservations ____ No ____

Does your church leader speak English well? Yes ____ No ____

5. EDUCATION AND SKILLS

Secondary Schools	**Dates Attended**	**Exams/Qualifications**
University and/or Apprenticeship (post 18)	**Dates Attended**	**Exams/Qualifications**

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?

Name of Employer	Position	Dates of Employment

Briefly describe areas of job-related responsibility/experience: _____

_____

_____

_____

6. LANGUAGES

Please identify the languages you speak and indicate your proficiency:

1 – elementary speaking

2 – limited word proficiency

3 – minimum professional proficiency

4 – full professional proficiency

5 – native tongue 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: _____

_____

_____

8. CHRISTIAN & LIFE EXPERIENCE

Please prayerfully answer the following questions, briefly, on a separate piece of paper and submit this with 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 Christian 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.
7. Briefly describe some achievements you feel are highlights over your lifetime so far.

WHERE YOU ARE AT CURRENTLY

8. How would you describe your Christian life and your relationship with the Lord at the present time?
9. Do you feel God has called you into some kind of full-time Christian service? Please explain.
10. How might you see using your skills/training in a mission/church context?
11. How did you hear about Youth with a Mission?
12. What is your reason for applying for this particular course?
13. What are your hopes and expectations for yourself during the UDTS?
14. 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 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.)

£ _____ is what I have at the present time towards the course fees.

£ _____ is what my church/family/friends have pledged towards my fees.

£ _____ is what I still need for my fees

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

_____

_____

B. List current financial obligations and how you expect to fulfil them. _____

C. Are you leaving a job to attend the DTS? Yes _____ No ____

D. How much notice do you need to give to leave your job? _____

E. Do you have any dependants (besides children listed earlier?) Yes ____ No ____

If yes, please explain the situation and to what extent you are obliged to them financially.

_____

_____

10. CRIMINAL OFFENCES

Self -Declaration Form for a Position Requiring a Disclosure

STRICTLY CONFIDENTIAL

As an organisation Youth With A Mission England undertakes to meet the requirements of the Data Protection Act (1998) and all other relevant legislation, as well as the expectations of The Information Commissioner's Office relating to the data privacy of individuals.

All applicants are asked to complete this form and to provide a current criminal records check as part of the application process, as the outreach included in the course requires working with children and vulnerable adults.

Have you ever been charged with, cautioned or convicted in relation to any criminal offence not subject to the Disclosure and Barring Service (DBS) filtering rules*; or are you at present the subject of a criminal investigation/pending prosecution?

____Yes ____No

If yes, please give details including the nature of the offences and the dates. Please give details of the court(s) where your conviction(s) were heard, the type of offence and sentence(s) received. Could you also give details of the reasons and circumstances that led to the offence(s). Continue on a separate sheet if necessary. _____

_____

_____

POLICE INVESTIGATIONS

This should include relevant police non-conviction information not subject to DBS filtering rules*. Please complete this section if the post you are applying for requires an Enhanced Disclosure check/Police check.

Have you ever been the subject of a police investigation that didn't lead to a criminal conviction?

____ Yes ____No

If yes, please give details below, including the date of the investigation, the Police Force involved, details of the investigation and the reason for this, and disposal(s) if known. (use additional paper if necessary)

_____

_____

To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services/Social Work Department (Children's or Adult Social Care)?

____Yes ____No If yes, please give details, we will need to discuss this with you.

_____

_____

Has there ever been any cause for concern regarding your conduct with children, young people, or vulnerable adults? Please include any disciplinary action taken by an employer in relation to your behaviour with adults.

____Yes ____No If yes, please give details. _____

_____

DECLARATION

To help us ensure that we are complying with all relevant safeguarding legislation, complete the following declaration.

I (full name) _____ of (address) _____

_____

consent to a criminal records check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me may be disclosed along with any other relevant information which may be known to the police.

I understand that, if I am a UK resident, a check will be made with the Disclosure and Barring Service and that it is an offence for any person to commence Regulated Activity without first providing a valid DBS Disclosure. If I am an overseas resident, I understand that I will need to provide a police check from my home nation.

I agree to inform the person within the YWAM base/team responsible for processing applications for Disclosure and Barring Service checks *(person who will do your ID check)* if I am convicted of an offence after I take up any post within YWAM in England. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my work/training association with YWAM.

I agree to inform the person within YWAM responsible for processing applications for Disclosure and Barring Service *(person who will do your ID check)* if I become the subject of a police and/or a social services/(Children's Social care or Adult Social Services)/social work department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my work/training and association with YWAM.

Signed: _____ Date: _____

Those applying for DTS, or other ministry with children and/or vulnerable adults in positions which fall within the scope of regulated activity, please confirm that you are not barred from working with children/vulnerable adults.
I confirm that I am not barred from working with children / vulnerable adults.

Signed: _____ Date: _____

NB: Those applying for work with children and/or vulnerable adults in positions which fall outside the scope of regulated activity should not complete the declaration above.

*****https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates and
*https://www.gov.uk/government/publications/dbs-filtering-guidance

"In accordance with the Data Protection Act (1998) the information provided on this document will not be kept for longer than is necessary to achieve the stated purposes of recruitment, selection, supplementary personal details and statistics, or that required by law or our insurance company".

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 and Youth With A Mission Derby, their agents, employees and volunteer assistants are insured against loss or injury caused by the negligence of Youth with a Mission Limited or Youth With A Mission Derby.

Accordingly, in the absence of any negligence or other breach of duty by Youth With A Mission Limited or Youth With A Mission Derby, participation in a Youth With A Mission 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:*** *(dd/mm/yy)*_____

Signature of parent/guardian (if the applicant is under 18 years of age). (Applicants for the course must turn 18 in the first 2 months of the course.)

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

CONSENT FOR TREATMENT – AN EMERGENCY PROVISION

EMERGENCY CONTACT:

Name: _____ Relationship to you: _____

Address: _____

_____

Telephone Number: _____Speaks English ____ Yes ____ No

In the event that I am unable to sign a consent form, owing to incapacity, and my emergency contact is not available to attend, 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:*** *(dd/mm/yy)*_____

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

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

12. 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 Derby, 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 and outreach facets of the course, and that by completing this application, I am making a commitment to both.
- ☐ I confirm that I have read the Financial Policy Sheet and understand that payment of my fees must be made upon or before my arrival at the school (unless prior arrangements have been made for regular instalments).
- ☐ I, therefore, undertake to pay all personal expenses during my involvement with Youth with a Mission.

Applicant's signature _____ ***Date:*** *(dd/mm/yy)*_____

Signature of parent/guardian (if the applicant is under 18 years of age)
_____ *Date: (dd/mm/yy)*_____

TERMINATION OF INVOLVEMENT

Youth With a Mission Limited and Youth With A Mission Derby 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:*** *(dd/mm/yy)*_____

Signature of parent/guardian (if the applicant is under 18 years of age)
_____ *Date: (dd/mm/yy)*_____

Now return the application, and £25 administration fee to:

YWAM – UDTS
Overdale House
96 Whitaker Road
Derby
DE23 6AP
UNITED KINGDOM

or

Email: schools@ywamderby.org

MEDICAL REFERENCE

PLEASE RETURN THIS MEDICAL FORM IN A SEPERATE ENVELOPE TO:

UDTS, YWAM Derby, Overdale House, 96 Whitaker Road, Derby DE23 6AP U.K.

Email: schools@ywamderby.org

APPLICANT'S NAME : _____

Course: _____ **Starting Date:** _____

Please complete **all** sections of this reference.

It will help us if you type your answers or print carefully in black ink.

If you need more space to answer a question, please use a separate piece of paper.

Husbands and wives must supply separate medical references.

We reserve the right to ask you to have a medical reference completed by a medical doctor, depending on the advice of our Medical Officer.

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 in consultation, if necessary, with the personnel manager or team leader only.

Applicant's signature _____ ***Date:*** *(dd/mm/yy)*_____

Signature of parent/guardian (if the applicant is under 18 years of age) _____ *Date: (dd/mm/yy)*_____

APPLICANT INFORMATION

Name: _____

Date of Birth: (dd/mm/yy) _____ NHS No. (British): _____

Current Address _____

_____Post/Zip Code: _____

Course: _____ 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: _____

_____

Do you currently have any infectious diseases? ☐ Yes ☐ No

If yes, please give brief details:_____

_____

Please list any allergies or dietary restrictions that you have and their severity:

_____

_____

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 that may have an effect on your health both now and in the future.) 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

_____

_____

_____

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 and for what illness:

_____

_____

_____

What is your height? _____Feet _____ Inches (or _____ metres)

What is your weight? _____Stone _____ Lbs (or _____ kilogrammes)

Describe any current mental health problems for which you are receiving treatment or have received treatment in the past (e.g. anxiety, depression, panic attacks, eating disorders, self-harming, bi polar disorder or other psychiatric disorders). Please give **dates of treatment** under the care of a physician or psychiatrist/psychologist and any medications you were prescribed.

_____

_____

_____

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

_____

_____

_____

INOCULATIONS

Due to our close living conditions, we require all staff and trainees to be up to date with their inoculations including:

Did you complete your childhood vaccines? ☐ Yes ☐ No

Rubella (single dose) ☐ Yes ☐ No Date of vaccination _____

Tuberculosis-TB (single dose) ☐ Yes ☐ No Date of vaccination _____

Tetanus ☐ Yes ☐ No Date of vaccination _____

(we require booster within last 10 years, especially if travelling to developing nations)

If these are not available in your country, we will require you to have them within one month of arrival, at your own expense. (This form is not complete until this section has been answered)

FOR WOMEN ONLY

Do you have any gynecological problems that still affect you? (eg. Problems with past pregnancies or menstrual periods that affect your daily functioning?) If yes, please explain.

_____

_____

_____

SIGNATURE

I confirm that this is a true reflection of my medical history and that failure to give any relevant information may lead to my involvement with Youth With a Mission being terminated.

Applicant's signature _____ ***Date:*** *(dd/mm/yy)*_____

Signature of parent/guardian (if the applicant is under 18 years of age) _____ *Date: (dd/mm/yy)*_____