YWAM Training, Australia
Youth With A Mission - Brisbane

GUIDE TO COMPLETING APPLICATION
Basic Leadership School / Certificate IV in Christian Missions

You've started the application process. Using the forms on-line, you are able to submit:

- Personal Details
- Personal questions
- Personal references – Send this link to the following referees https://www.ywambrisbane.com/further-training-forms ; We need a reference from both of the following (cannot be a family member):
    - 1) Pastor/spiritual leader/mentor;
    - 2) Most recent YWAM leader
- And have a read the Course Information and Student Handbook

Please email the following to info@ywambrisbane to complete your application, if you haven't already attached them to the application form:

- ❒ If English is your second language, your proof of English language ability (details below)
- ❒ $30 application fee
- ❒ Resume – Application to the BLS, is also application to a trainee staff position for which we need to have on file your training and experience for the role you're in. Make sure your resume includes your YWAM training and experience.
- ❒ DTS Certificate from YWAM Training or University of the Nations. As a part of the application process, if you didn't complete the DTS with YWAM Brisbane, we must verify this with the Base where you've completed the DTS, or with the UofN Registrar.
- ❒ Medical and Health Evaluation (details below) – no more than 6 months old. If you did your DTS with us, and we have your evaluation on file from less than 12 months ago, we can use that.
- ❒ Police background check – This is a requirement for our Child Protection Policy that everyone with YWAM Brisbane are cleared to work with children. No more than 12 months old.
- ❒ Interview – As a part of the application process someone from our Training office will phone you. This will help us get to know you a bit more to better understand your reasons for doing the Course. We will be in contact with you about this.

Please ensure all documents are in English.

Application Deadlines

- For applicants from Australia, at least 4 weeks prior to the start of the Course
- For applicants from nations such as USA, Canada, England, Norway, Germany, Finland, Sweden, Switzerland, (countries that the Department of Immigration consider to be 'low risk') etc, we ask all applications to be in our office 4 weeks prior to the start of the Course. However, feel free to contact us if less time is available to see what the possibilities are
- For applicants from higher risk nations (as the immigration office defines it) you'll need to consider around 2-4 months for the application and visa process.

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Physicians Evaluation

We would like some information about your medical history. Following is a personal medical evaluation (Part A) as well as a Physicians Evaluation (Part B). Please take this to a doctor for a basic physical. Then email to info@ywambrisbane.com.

Contact Details

Youth With a Mission Brisbane
671 Samford Road
Mitchelton, QLD 4053
Australia

info@ywambrisbane.com
www.ywambrisbane.com
Phone: 61-7-3855-5111

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Part Five – Medical and Health Evaluation

To be filled out by the Applicant:

Step 1	Fill in Part A of this form
Step 2	After you have filled in Part A of the form you will need to make an appointment for a full medical examination with your own doctor.
Step 3	Give the form to your doctor to fill in at the examination and have him/her forward it to the Registrar at YWAM Brisbane.

Note: All staff, students, and volunteers in YWAM are required to have a full medical. The purpose for this is to have centralized medical details available should any person become sick while away from their personal physician and in YWAM care. All information is confidential to your leaders and this form is kept separately from your academic records.

Please answer all questions. Comment on all positive answer at the end of this form or on a separate sheet.

PART A – Personal Details and Medical History

Circle what you are applying for	Beach to Bush DTS, MAD DTS, Video and Photography DTS, Coffee and Communications DTS, Pathfinders DTS		Start Date: (Month/Year)
Name	Title:	Family/Surname:	First/Given Name:
Email Address			
Phone			

Have you ever had any of the following?

	N	Y		N	Y		N	Y
Skin Conditions	❑	❑	Shortness of Breath	❑	❑	Stomach/Duodenal Ulcer	❑	❑
Eye Trouble	❑	❑	Hay Fever	❑	❑	Gall Bladder Problems	❑	❑
Ear Trouble	❑	❑	Asthma	❑	❑	Jaundice	❑	❑
Head Injury	❑	❑	High Blood Pressure	❑	❑	Intestinal Troubles	❑	❑
Recurrent headaches	❑	❑	Low Blood pressure	❑	❑	Nervous Disorder	❑	❑
Epilepsy	❑	❑	Heart Trouble	❑	❑	Chronic constipation	❑	❑
Fainting spells	❑	❑	Rheumatism/Arthritis	❑	❑	Diabetes	❑	❑
Weakness	❑	❑	Back Problems	❑	❑	Kidney Disease	❑	❑
Paralysis	❑	❑	Dislocation of joints	❑	❑	Anemia	❑	❑
Tumor/Cancer	❑	❑	Broken Bones	❑	❑	Venereal Disease	❑	❑
Mental illness or disorder	❑	❑	Anorexia/Bulimia	❑	❑	Insomnia or other sleeping disorder	❑	❑

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Have you ever had any of the following?

	N	Y		N	Y		N	Y
Allergy			**Surgery**			**Females Only**		
Penicillin	❑	❑	Appendectomy	❑	❑	Are you pregnant?	❑	❑
Sulphonamides	❑	❑	Tonsillectomy	❑	❑			
Serum	❑	❑	Hernia Repair	❑	❑			
Foods(specify)	❑	❑	Other (specify)	❑	❑			
Other (specify)	❑	❑						

Do you have any special dietary needs?	❑No ❑Yes (specify)
Are you presently under a doctor's care for any condition?	❑No ❑Yes (specify)
Are you taking any medication at this time?	❑No ❑Yes (specify)
Do you now or have you ever received compensation for disability from any source?	❑No ❑Yes (specify)
Please provide details for any POSITIVE answers and give details of any other illnesses you have had.	

Have you ever had any of the following communicable diseases?

❑ Chicken Pox	❑ Measles (Rubella)	❑ Measles (Rubeola)	❑ Mumps
❑ Scarlet Fever	❑ Pertussis	❑Tuberculosis	❑ Hepatitis
❑ AIDS/HIV	❑ COVID-19	❑ Other (specify)	

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PART B - Physician's Evaluation

To the Physician – This person has applied for a student/staff position with Youth With A Mission. In your recommendation, please bear in mind that he/she may travel and work in and undeveloped country and/or stressful situations. Please review the information in PART A and complete the following physical assessment. Once this form is complete please email it to the Registrar at the address below.

Name of Applicant:		**Email address:**	
Course/Position and Date applying for:			

PHYSICAL ASSESSMENT

Height (cm):		**Weight (kg):**	

GENERAL HEALTH

Is the patient able to walk 8 kilometers/6 miles in a day? ❑Yes ❑No

Could the patient carry out reasonably strenuous physical work on a daily basis? ❑Yes ❑No

Is the patient under any medical supervision? ❑Yes ❑No

Does the patient have any infectious diseases? ❑Yes ❑No

Does the applicant have any physical or psychological disorder that would limit his/her ability to participate fully in studies or field assignments, locally or overseas? ❑ Yes ❑No

Please explain any concerning situation from above:

List any medication the applicant is taking.

Are there any abnormalities of the following systems? Please describe fully.

Head, Ears, Nose, Mouth	❑No ❑Yes	
Eyes	❑No ❑Yes	
Nervous System	❑No ❑Yes	
Cardiovascular	❑No ❑Yes	
Respiratory	❑No ❑Yes	
Trunk and Back	❑No ❑Yes	
Digestive Tract	❑No ❑Yes	
Musculoskeletal	❑No ❑Yes	
Endocrine (Thyroid)1	❑No ❑Yes	
Skin	❑No ❑Yes	

Does/has the patient suffer/ever suffered from any of the following? (explain positive answers)

Epilepsy/fits	❑No ❑Yes	
Anaemia	❑No ❑Yes	
Hypertension	❑No ❑Yes	
Mental Illness / Disorder	❑No ❑Yes	
Allergies	❑No ❑Yes	
Sleeping disorders	❑No ❑Yes	
Adverse reactions to stressful situations	❑No ❑Yes	
Eating disorder	❑No ❑Yes	
Any other serious condition	❑No ❑Yes	

Notes or recommendations for any follow-up tests/treatments:

Physician's recommendation regarding suitability for involvement with YWAM:

- ❑ Acceptable without limitations
- ❑ Acceptable with limitations (specify)
- ❑ Not Acceptable
- ❑ Should remain in areas where adequate medical care is provided

IMMUNIZATION HISTORY

This simply gives us a file to refer to when it comes time for getting vaccinations before going on outreach.

	Date		**Date**		**Date**
Rubella		Tetanus		Mumps	
BCG		Cholera		Pertussis	
Diphtheria		Polio		Typhoid	
Yellow Fever		Measles		Hepatitis A	
Hepatitis B		COVID19		Other	

Physician's Signature/Stamp:	
Date:	
Physician's Name:	
Address:	

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English Proficiency

Please complete this if English is not your first language and turn it in as part of your application.

Applicant Name: _____ Applying for: _____

If English is not your first language, please include one of the following as proof of your English language level.

- ❒ Test Of English as a Foreign Language (TOEFL) test with score of 5.5 or higher
  - Send your TOEFL test scores
- ❒ International English Language Testing System (IELTS) test of 4.5 or higher
  - Send your IELTS test scores
- ❒ Studies in an English-speaking school for 1 year
  - Please provide a letter of reference or completion notice for the Course of study you did in English.
- ❒ Completed a YWAM school which was primarily delivered in English
  - Proof of completion of that Course and that it was delivered in English
- ❒ If you cannot complete any of the above, someone from the YWAM school will assess your English via a phone call with you

All courses at YWAM Brisbane are delivered in English. A sufficient standard of oral and written English comprehension and proficiency is required for full benefits of the training. You will need to fulfil at least <u>one</u> of the following criteria.

Experience / qualifications in English

1. Successful completion of a YWAM school conducted predominantly in English
   What course did you undertake? _____
   Where? _____
   When? _____ How long? _____
   ❒ Attach a certificate of completion from the course, or a reference from the Course Leader

2. A minimum of 1-year study in an English-speaking school
   When? _____ How long? _____
   What type of classes or course? _____
   ❒ Attach a certificate of completion for the course, or a reference from the school Registrar office.

3. Completed formal independent testing with a minimum level of:
   TOEFL (Test of English as a Foreign Language) 5.5 or higher
   IELTS (International English Language Testing System 4.5 or higher
   Which have you taken?
   TOEFL Your score: _____
   IELTS Your score: _____
   Other independent form of testing (please specify): _____
   _____
   ❒ Attach proof of testing scores

If you cannot complete any of the above, someone from the YWAM school will assess your English via a phone interview with you

I certify that all the information I have provided is accurate.

Signature: _____ Date: _____