APPLICATION FORM

School or Stream Applying For:_____ Start Date:_____

Personal Details: (as appears on passport)

First Name:_____ Middle:_____ Last Name :_____

Preferred Name:_____ Sex: ☐ Male ☐ Female Age:____ Birth date: D___ M___Y___ Birthplace:_____

Are you of Aboriginal or Torres Strait Islander origin? _____ If yes, which one? _____

Permanent Address:

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home): _____ Phone (Mobile):_____ Email:_____

Mailing Address:

Street: _____ City/Town:_____

State: _____ Zip:_____ Country:_____

Passport/Visa Information:

Country of Citizenship:_____ Passport Number:_____ Expiry Date: D___ M___Y_____

City and Country of Issue:_____ Visa Type (if currently holding Australian Visa):_____

Expiry Date: D___ M___Y_____ Where will you apply for your visa?_____

Accredited Course Applicants can apply online for a Student Visa. DIAC Office locations can be found online at: http://www.immi.gov.au/contacts/overseas

Marital Status:

☐ Single ☐ Engaged D___ M___Y_____ ☐ Married D___ M___Y_____ ☐ Separated D___ M___Y_____

☐ Divorced D___ M___Y_____ ☐ Remarried D___ M___Y_____ ☐ Widowed D___ M___Y_____

Spouse First Name:_____ Middle:_____ Last Name :_____

Sex: ☐ Male ☐ Female Age: Birth date: D M Y Will your spouse be accompanying you? ☐ Yes ☐ No

Emergency Information:

In case of emergency contact:_____ Relationship:_____

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

Church Information:

Home Church:_____ Pastor:_____ Denomination:_____

Mailing Address:_____ Phone:_____

City/Town:_____ State:_____ Zip:_____ Country:_____

Criminal Record: (If answer to either question is YES, please explain details on a separate sheet of paper.)

Have you ever been convicted of a felony? ☐ Yes ☐ No If so, when and where? _____

Have you ever been convicted of a sexual crime? ☐ Yes ☐ No If so, when and where?

YWAM Townsville IA 07865 trading as YWAM Townsville- Institute For the Nations
Registered Training Organization Reg No. 30614 Commonwealth Register of Institutions for Overseas Students (CRICOS)
CRICOS Provider No. 02205D
Staff Internship 12 month program is not currently accredited and are not eligible for student visas or transfer from a student visa.
Overseas applicants contact us for options on how to get involved.

BACKGROUND INFORMATION

Languages: Please identify and rank your English language proficiency:

□ Very well □ Well □ Not well □ Not at all

List any other languages and your proficiency:_____

If English is not your first language, please complete and send the English Proficiency Form (Page 17 of the application).

Educational Experience:

What is the highest grade level have you completed of Secondary/High School? (Tick ONE box only)

□ Year 12 or equivalent □ Year 11 or equivalent □ Year 10 or equivalent □ Year 9 or equivalent

□ Year 8 or equivalent □ Never attended school

In which year did you complete that school level? _____ Are you still attending secondary school? □ Yes □ No

Name of Institution:_____

Address:_____ Country:_____

Have you successfully completed any of the following qualifications? □ Yes □ No

If Yes, tick any applicable boxes:

□ Bachelor degree or higher □ Advanced diploma or Associate degree □ Diploma (Associate diploma)

□ Certificate IV (advanced certificate/technician) □ Certificate III (trade certificate) □ Certificate II

□ Certificate I □ Certificates other than the above

Please list any other education you have received:

Name of Institution:_____ D___ M___Y_____ Degree/Qualification:_____

Address:_____ Country:_____

Name of Institution:_____ D___ M___Y_____ Degree/Qualification:_____

Address:_____ Country:_____

Name of Institution:_____ D___ M___Y_____ Degree/Qualification:_____

Address:_____ Country:_____

Have you ever undertaken previous training in Australia while on a student visa? □ Yes □ No

Type of study:_____

Name of Institution:_____

Address:_____

YWAM/U of N School History: (Second-Level School Applicants Only)

Have you previously attended a YWAM or U of N school? □ Yes □ No

School:_____ Lecture Phase Dates: M___Y____ to M___Y____ Location:_____

Field Assignment/Outreach Dates: M___Y____ to M___Y____ Location:_____

School:_____ Lecture Phase Dates: M___Y____ to M___Y____ Location:_____

Field Assignment/Outreach Dates: M___Y____ to M___Y____ Location:_____

Of the following categories, which best describes your main reason for undertaking this course? (Tick ONE box only)

□ To get a job □ To develop my existing business □ To start my own business

□ To try for a different career □ To get a better job or promotion □ It was a requirement of my job

□ I wanted extra skills for my job □ To get into another course of study □ For personal interest/self-development

□ Other reasons

Work Experience: (Please list your three most current occupations)

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

Position:_____ Company:_____ M___Y____ to M___Y____

Skills Needed and Acquired:_____

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

□ Full-time employee □ Part-time employee

□ Self-employed - not employing others □ Employer

□ Employed - unpaid worker in a family business □ Unemployed - seeking full-time work

□ Unemployed - seeking part-time work □ Unemployed - not seeking employment

ywam Townsville, Australia

HEALTH INFORMATION

General Health: (Answer all questions. Explain positive answers below or on a separate sheet of paper.)

Height :_____(meters) Weight: :_____(kilograms) Are you able to walk 5km/3 miles in a day? □ Yes □ No

Can you perform reasonably strenuous work on a daily basis? □ Yes □ No

Are you currently under medical supervision? □ Yes □ No Specify:_____

Are you presently taking any medication? □ Yes □ No Specify:_____dose: _____

Are you allergic to any drugs or medication? □ Yes □ No Specify:_____

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

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

If Yes, please indicate which areas:

□ Hearing/deaf □ Physical □ Intellectual □ Mental illness □ Learning

□ Acquired brain injury □ Vision □ Medical condition □ Other

Do you now have, or have you ever had any of the following?

□ Yes □ No Skin Condition	□ Yes □ No Diabetes	□ Yes □ No Intestinal Troubles
□ Yes □ No Eye Trouble	□ Yes □ No Hay Fever/Asthma	□ Yes □ No Kidney Disease
□ Yes □ No Ear Trouble	□ Yes □ No Heart Trouble	□ Yes □ No Anemia
□ Yes □ No Head Injury	□ Yes □ No High Blood Pressure	□ Yes □ No Gall Bladder Problems
□ Yes □ No Recurrent Headaches	□ Yes □ No Low Blood Pressure	□ Yes □ No Cancer/Tumors
□ Yes □ No Epilepsy	□ Yes □ No Arthritis	□ Yes □ No Insomnia
□ Yes □ No Fainting Spells	□ Yes □ No Back Problems	□ Yes □ No Surgery
□ Yes □ No Mental/Nervous Disorders	□ Yes □ No Hepatitis	□ Yes □ No HIV
□ Yes □ No Depression	□ Yes □ No Menstrual Cycle Problems	□ Yes □ No Pregnancy
□ Yes □ No Paralysis	□ Yes □ No Stomach/Duodenal Ulcer	□ Yes □ No Other

Explanations for above:_____

Any other illnesses or conditions:_____

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

Disease History:

Do you now have, or have ever had, any of the following?

□ Yes □ No Chicken Pox □ Yes □ No Measles □ Yes □ No Mumps

□ Yes □ No Tuberculosis □ Yes □ No Other Specify:_____

Family History:

Have any of your immediate family members ever had any of the following?

□ Yes □ No Tuberculosis □ Yes □ No Diabetes □ Yes □ No Kidney Disease □ Yes □ No Heart Disease

□ Yes □ No Hyper Tension □ Yes □ No Arthritis □ Yes □ No Stomach Disease □ Yes □ No Asthma/Hay Fever

□ Yes □ No Cancer □ Yes □ No Epilepsy/Convulsions Specify:_____

Immunizations:

DISEASE	BASIC (Year Received)				BOOSTER (Year Received)		
	1st Dose	2nd Dose	3rd Dose		1st Dose	2nd Dose	3rd Dose
Tetanus							
Diphtheria							
Hepatitis A							
Hepatitis B							
Polio							
Typhoid							
Measles/Mumps/Rubella							
Rabies							
Other(Specify):							

Note: Please ensure that you have adequate health cover/insurance for your stay in Australia. Please see the Staff and Student Handbook for further details.

Expectations:

How did you first hear of YWAM Townsville?_____

_____

What most influenced your decision to apply?_____

_____

What expectations do you have for this school?_____

_____

Personal History – Prayerfully answer the following questions using the space provided:

1. Please describe your Christian experience and present spiritual relationship with the Lord.

_____

2. What areas of your character are you presently seeking God to further develop and improve?

_____

3. Do you feel God has given you, or is leading you into, a particular area of ministry?

_____

4. Briefly explain your relationship with your church, including service and leadership experience.

_____

5. How would you describe relationships within your immediate family? What is their opinion of your involvement with YWAM Townsville?

_____

6. Are there any unresolved conflicts in your relationships that you can identify?

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

8. Have you previously been involved in missions? If so, please explain your experience. (IE Short-term missions trips, overseas outreaches or similar)

9. This is a full-time, intensive training course. You will be a part of YWAM Townsville's close-knit community - an environment in which we live, eat and work together. Please comment on your readiness to commit to and undertake this program.

10. STREAM AND SECOND LEVEL SCHOOL APPLICANTS ONLY - Please list any leading, direction, counsel, or additional reasons for choosing this particular stream or course.

Introduction to Primary Health Care Applicants Only: I understand that the Certificate IV PHCM (in developing nation communities) will only train me to deliver Primary Health Care in developing nation communities and does not qualify me to deliver health care within developed nations including Australia.

Applicant Signature:_____Date: D___ M___Y_____

FINANCIAL INFORMATION

Financial Information:

Do you have your complete lecture fees? □ Yes □ No What amount do you have? $_____ Amount needed? $_____

Do you have your complete outreach fees? □ Yes □ No What amount do you have? $_____ Amount needed? $_____

How do you anticipate the provision of needed funds:_____

Would you like information about how to raise support? □ Yes □ No

Do you have any significant outstanding debts? □ Yes □ No

If yes, please explain:

Acknowledgment of Financial Responsibility

All fees are in Australian Dollars (AUD) and must be paid in Australian dollars. You will be notified of any changes to this fee schedule prior to arrival.

FEE PAYMENT TO YWAM TOWNSVILLE		PAYMENT DUE:
1. ALL COURSES - Registration Fee:	**$20**	Upon receipt of application. It cannot be processed otherwise.
2. DTS, IPHC, BCC - Course Deposit: This fee includes the following: -Course Enrollment Fee: $100 -Course Deposit: $500 -Medical Insurance Cover: $249 (Overseas Students only)	**$849**	Within 3 weeks of receiving your Letter of Offer.
Staff Internship - Certificate IV in Christian Missions (SI-C4CM) - Course Deposit This fee includes the following: -Course Enrollment Fee: $100 -Medical Insurance Cover: $996 (Overseas Students only)	**$1,096**	
All international students studying in Australia on a student visa are required to obtain Overseas Student Health Cover (OSHC) *see Staff and Student Handbook for more detail. This fee covers DTS, IPHC & BCC students for six months and C4CM students for 2 years.		
3. DTS - Course Costs: This fee includes the following: -Tuition Fees: $2,520 -Room and Board: $1,350	**$3,870**	On or before the course commencement date.
Ship DTS - Course & Outreach Costs: -Tuition Fees: $2,280 -Room and Board: $1,350 -Outreach Costs: $2,550	**$6,180**	
IPHC, BCC - Course Costs: This fee includes the following: -Tuition Fees: $1,930 -Room and Board: $1,300	**$3,230**	
SI-C4CM - Course Costs:	**$2,000**	Payments are made quarterly - $250/quarter
4. ALL COURSES Outreach Fees: This fee includes all team transport costs, food, accommodation, resource/setup, insurance for overseas outreaches, and any other costs incurred during outreach. Costs will vary greatly depending on the location and nature of outreach chosen.	**$2000-$4000**	Week 6 of Course. Students will not be permitted to go on outreach if all fees are not paid. Students are encouraged to arrive with as much as possible for outreach.
STAFF INTERNSHIP FEE PAYMENT TO YWAM TOWNSVILLE		**PAYMENT DUE:**
1. STAFF INTERNSHIP - Registration Fee:	**$20**	Upon receipt of application. It cannot be processed otherwise.
2. Course Costs: SI Course Deposit:	**$450**	Within 3 weeks of receiving your Letter of Offer.
Monthly Resource Fee:	**$130**	Payable monthly
3. SI & SI-C4CM Applicants Only: Weekly Staff Accommodation: **$49/week** Food – SI will be able to sign in each week for meals. Meals are charged a : $1.25 for Breakfast $2.00 for lunch $1.25 for Morning Tea (Fruit & Snacks) $3.25 for dinner		To be paid into accounts in advance each week

Students will not be able to begin their course unless they are able to make these payments. Another payment schedule may be arranged dependent upon students financial situation and circumstances. This must be communicated prior to arrival.

Other Expenses to Note:

Personal Transportation Airplane, bus, and/or train tickets needed to get you to Townsville are not included in the cost of the school.

Personal Living Expenses You will need to budget for all personal costs (toiletries, postage, phone calls, etc.) Members of the SI & SI-C4CM also purchase their own food, although meals can be purchased on base.

Application for Visa You will be instructed on your visa process after being accepted including application costs.

Health Insurance All staff and SI are required to have health care during their stay in Australia, it must be obtained prior to arrival.

OSHC provides health cover only while students are in Australia. Students may want to purchase travel insurance for flights to and from Australia, as well as any other travel outside of the DTS, IPHC, BCC and/or SI-C4CM.

DTS, IPHC, BCC and SI-C4CM Course Costs and Overseas Student Health Cover fees are paid into a notified trust account and are covered by Student Tuition Assurance to ensure that students who are eligible for refund under the ESOS Act 2000 and the ESOS Regulations 2001 will receive a refund should the course cease to be provided. The Medical Health Insurance is only held by YWAM Townsville until such time as the premium is due and monies are passed on to the health fund.

Staff interns will receive a $30/week allowance for the time they are undertaking the internship in Australia.

FINANCIAL INFORMATION

Refund Policy

Payment of refund will be:

- Paid directly to student (or to the person making payment) unless a written request is made by the student to make payment to someone else.
- Refunded in the currency that payment was made.
- Paid to student within 4 weeks of receiving a claim for refund
- This agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia's consumer protection laws.
- To apply for a refund contact the course leader.
- For further information, please see the general refund policy in the Staff and Student Handbook.

Reason for Refund	Notification Period	Amount Refunded (AUD)
1. Registration Fee	**N/A**	**Non-Refundable**
2. Course Enrollment Fee	**N/A**	**Non-Refundable**
3. Course Costs I. Student withdraws BEFORE course commences for reason of: a) voluntary withdrawal b) denial of visa	**Any period to start of course**	**Total refund of course costs**
No Course Cost refunds will be issued beyond the fourth week of the course. In the event of an unplanned departure from the DTS, the following refund schedule will apply:		
II. Student withdraws AFTER course commencement for reason of: a) voluntary withdrawal b) breach of visa conditions c) breach of provider's rules	**After 1st Week of Course:** **After 2nd Week of Course:** **After 3rd Week of Course:** **After 4th Week of Course:** **After 5th Week of Course:**	**80% of course costs** **60% of course costs** **40% of course costs** **20% of course costs** **Refunds no longer paid**
4. Medical Insurance Fees (DTS, IPHC, BCC, SI-C4CM applicants only) Student withdraws for reasons of a) denial of visa b) ever arriving in Australia c) returning home for personal reasons and ceasing studies in Australia d) other	**Any period after course enrollment**	**Fees paid toward health insurance (OSHC) will be refunded in whole months only for the period not used. This refund will be processed through the health insurance provider at their discretion. A full refund may be possible if the funds are still held in the trust account.**
5. Outreach Costs Student withdraws after course commences for reasons mentioned above in part two of "Course Costs."	**After outreach costs are paid**	**Refunds are given dependent upon the nature of the cost. (IE - Airfares may not be refundable.)**

I confirm that I understand payment of the required course costs must be made on or before my arrival, unless otherwise arranged with YWAM Townsville, 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, to the students, and staff of the school.

I, therefore, accept all responsibility for all fees and personal expenses incurred during my involvement with YWAM Townsville Assoc. Inc.

I also give YWAM Townsville Assoc. Inc. authority to withdraw from the notified trust account amount of my course cost paid in advance of the course commencement for purposes of course setup (IE: lecturer costs, accommodation, tuition resources, purchase of equipment, vehicle leasing and food.)

Signature:_____ Relationship:_____ Date: D___ M___Y_____

Applicant or Parent/Guardian — If Applicant is under 18 years of age, signature of Parent/Guardian is required.

LEGAL INFORMATION

Burial Release:
YWAM Townsville Assoc. Inc. does everything possible to protect staff and students on the field. Although death is extremely rare in service with Youth With A Mission internationally and with YWAM Townsville Assoc. Inc., it nevertheless needs to be considered.

In case of death, YWAM Townsville Assoc. Inc. cannot commit to cover the costs of shipping the body to another country for purposes of burial or to ultimately cover costs of burial in the country of death. If the family desires that the body be transported home, the family

Please note: The OSHC insurance that covers DTS, IPHC, BCC, and SI-C4CM students in Australia is only medical coverage. You may choose to obtain travel insurance while you are in Australia to cover burial costs. The Overseas Outreach Insurance is medical cover as well as travel cover. As this is the case, the Overseas Outreach Insurance would cover a portion of the burial costs but only while overseas from Australia.

It is also strongly advised that every individual, regardless of age, have a will.

Burial Statement
I agree that, in the case of my death while in YWAM Townsville Assoc. Inc., YWAM Townsville Assoc. 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 YWAM Townsville Assoc. Inc. and all its staff and associates of the burial costs.

Release of Liability
I/We do hereby release YWAM Townsville Assoc. Inc. its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, illness, damage, or loss which may be sustained by the said person during the course of involvement with YWAM Townsville Assoc. Inc.

Consent for Treatment
I/We hereby agree to the performance of such treatment, anesthetics and operations as, in the opinion of the attending physician, is deemed necessary on: (applicants full name)

First Name:_____ Middle:_____ Last Name :_____

Signature:_____ Relationship:_____ Date: D___ M___Y_____
Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Release of Information:
Please check any information you **DO NOT** release or agree to allow YWAM Townsville to use:

□ After arrival, photos, video footage, quotes or testimonies provided by me or obtained during my involvement with YWAM Townsville, to be used for the Reef to Outback website and advertising material.

□ Personal phone contacts to be compiled into a phone contact list for YWAM Townsville base community.

□ Personal contact information to be compiled into a contact list for distribution to the participants in my course.

□ Enrolment information and grades to be submitted to external reporting bodies including University of the Nations Records Office and the Institute for the Nations Records Office for record keeping purposes.

□ Enrolment information and assessment records to be used as samples for audit and moderation purposes. In addition, enrolment information (name, country of origin, home state, age) and photo provided by me to be used for internal administrative use including airport pickups, student cards, and photo boards of the course participants for

NOTE: Your enrolment information which includes personal and contact details will be provided to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund for the purposes of compliance with the Education Services for Overseas Students Act 2000, the National Code, or promoting compliance with visa conditions and migration control. YWAM Townsville is also required under Australian law to advise the Department of Immigration and Multicultural Affairs of changes to a student's enrolment details or the circumstance of suspected breach of visa conditions.

Any gathered information will, in no manner, be solicited for profit or personal gains.

Signature:_____ Relationship:_____ Date: D___ M___Y_____
Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Signature of Agreement

If I am accepted by YWAM Townsville Assoc. Inc., I will abide by the spirit, rules and schedule of the school.

- I have read and understood the Course Information Booklet and understand that I am applying for enrolment in the course outlined. (See appropriate Course Information Booklet)
- I have read and understood the Staff and Student Handbook.
- I am fully aware of the contents, structure and duration of the course. (See appropriate Course Information Booklet)
- I understand that any claim for recognition of prior learning and/or credit transfer is subject to school policy and procedures and that the school's decision will be final and binding. (See Staff and Student Handbook)
- I have read and fully understand the financial commitment form.
- I understand that there is no reduction in fees should I receive an exemption for part of the course or should arrive after the scheduled course commencement date. The basis of my enrolment at the school is on a full-time, full-fee paying basis only.
- I understand that it is neither a scholarship, employment, or immigration program. I must fund my entire studies and living expenses independently.
- I am not aware of any physical or mental health factors other than those completed on the Confidential Health Form.
- I understand that, in the process of assessing my application, consideration will be given to any such health factors, as well as my character profile and recommendations from referees.
- I understand that I am obliged to notify the registered provider of any change of address while I am enrolled in the course.

For International Students:

- I am aware that as an international student I will leave Australia when my studies are complete and/or my visa expires.
- I understand that my visa application may be refused, despite the fact that I have paid appropriate application fees, supplied all required documentation and undergone the medical examination.
- I agree that if my visa application is not successful I will not enter into any correspondence with the diplomatic post or the school regarding visa application and medical examination charges.
- My student visa will be issued on the basis of being a full-time student and that full attendance at timetabled classes and events is required, excluding illness or similar circumstances.
- I understand that a condition of my student visa is that I must maintain satisfactory academic performance and attendance throughout the course as outlined in the Course Progress policy and procedures. (See Staff and Student Handbook)

I agree to all of the above statements.

I certify that all the information provided in this form is true and accurate. I understand that if any information given is found to be false it could result in mv removal or exclusion from the course.

Signature:_____ Relationship:_____ Date: D___ M___Y_____

Applicant or Parent/Guardian If Applicant is under 18 years of age, signature of Parent/Guardian is required.

Photos:

Please include two (2) recent photographs for our records

ATTACH PHOTOGRAPH HERE

Do not staple or clip.

ATTACH PHOTOGRAPH HERE

Do not staple or clip.

How did you find the application process? Did you find it simple or difficult? Please give us any feedback.

_____

_____

REFERENCES

References
The included reference forms are to be handed personally to your referees with a stamp-addressed envelope. We ask that the reference forms be completed as soon as possible and sent directly to the YWAM Townsville Registrar. Your application cannot be processed without all three references.

Please provide contact details for each referee below. We will send each of your confidential referees an information pack to explain more about YWAM Townsville. In addition, we would like to keep your parents and referees updated on YWAM Townsville and your course while you are here via email and newsletters. If you feel that it is inappropriate to have them on our mailing list, please indicate below.

Pastor Reference Details:
First Name:_____ Last Name:_____

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

Position:_____ Church:_____

□ Do not send updates beyond initial information pack.

Employer/Teacher/YWAM Leader Reference Details:
First Name:_____ Last Name:_____

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

Position:_____ Occupation:_____

□ Do not send updates beyond initial information pack.

Friend Reference Details:
First Name:_____ Last Name:_____

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

□ Do not send updates beyond initial information pack.

Parent/Guardian Details:
First Name:_____ Last Name:_____

Street:_____ City/Town:_____

State:_____ Zip:_____ Country:_____

Phone (Home):_____ Phone (Mobile):_____ Email:_____

□ Do not send updates beyond initial information pack.

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not nesitate to contact us if you have any questions, comments or concerns.

PASTOR REFERENCE FORM

APPLICANT: Please provide the following information on this form, and present it, with a stamp-addressed envelope to your pastor to complete.

Applicant Name:_____ School Applying For:_____

Referee Details:
Name:_____ Address:_____

City/State:_____Zip:_____Country_____

Primary Phone Number:_____Email:_____

Position:_____ Church:_____

The above applicant has applied for admission to YWAM Townsville. YWAM (Youth with a Mission) International has over 50 years experience in more than 150 countries worldwide. YWAM is a Christian charity that offers global opportunities for volunteers from diverse backgrounds to serve, build, care, and connect with individuals and communities. YWAM is decentralised in structure and financially autonomous, which allows each centre to adapt and serve the specific needs of the community. YWAM Townsville has operated for over 20 years with an aim to build capacity in young people and develop the community through four focus areas: Training, Medical Ships, Youth Teams, and Operations.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment if needed.

NOTE: Under the Australian Privacy Act, students may request to see this form.

How long have you known the applicant? _____ Years _____ Months
On a scale of 1-10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

How would you rate the applicant in the following areas?

Initiative/Self-starter:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Concern for Others:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Ability to Follow:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Leadership:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Judgment/Decision Making:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Response to Authority Figures:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
General Health:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Personal Appearance/Grooming:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior

Comments:_____

_____

Academic/Mental Ability:	□ Superior	□ Average	□ Inferior
Industry:	□ Superior	□ Average	□ Inferior
Reliability:	□ Superior	□ Average	□ Inferior
Cooperativeness:	□ Superior	□ Average	□ Inferior
Flexibility:	□ Superior	□ Average	□ Inferior
Disposition:	□ Superior	□ Average	□ Inferior
Punctuality:	□ Superior	□ Average	□ Inferior
Time Management:	□ Superior	□ Average	□ Inferior
Financial Responsibility:	□ Superior	□ Average	□ Inferior
Willingness to be Accountable:	□ Superior	□ Average	□ Inferior

Comments:_____

_____

PASTOR REFERENCE FORM

In your observations, how does the applicant adapt to changing social atmospheres?

□ Excellent - Applicant adapts to various social environments quickly and genuinely, engaging in relationships.

□ Normal - Applicant settles into different environments at a pace and initiates and maintains relationships.

□ Reserved - Applicant is hesitant to engage in groups but tends to become more comfortable once a relationship has been initiated with him/her.

□ Withdrawn - Applicant appears anxious in groups and tends to withdraw; does not engage in any relationship and isolates self.

Please rate the applicant as to his/her maturity and stability.

□ Outstanding - Mature. Has proven ability to operate under stress and pressure.
□ More mature and emotionally stable than average.
□ Possesses adequate emotional stability and maturity.
□ Doubtful - Experience has shown that the applicant may not be able to endure stress.
□ Applicant has frequently demonstrated signs of inability to cope with stress.

Comments:_____

How does the applicant react in trying situations?
□ Withdraws □ Gets Angry □ Accepts Patiently □ Gets Discouraged □ Meets Constructively □ Other (please specify)

_____

Please comment on applicant's strengths and weaknesses.

Strengths:_____

Weaknesses:_____

In your opinion, which of the following areas of ministry is the applicant gifted. (Please check all that apply)

□ Communications	□ Pastoring	□ Teaching	□ Doctor
□ Art	□ Evangelism	□ Discipleship	□ Encourager
□ Drama	□ Prayer	□ Youth Ministries	□ Hospitality
□ Music	□ Counseling	□ Children's Work	□ Administrator
□ Worship	□ Preaching	□ Nursing	□ Servant-Hearted

Please list any other giftings you have observed:_____

Are there any other areas of ministry or service that you would recommend this applicant for?_____

Please add any relevant remarks. (IE Medical, psychological, drug or alcohol related, or any other life situations we should be aware of)

_____

Please comment on the applicant's family background, if known.

_____

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

Would you recommend the applicant for acceptance by YWAM Townsville? □ Yes, unreservedly □ Yes □ No
Comment:_____

I certify that the information provided is complete and accurate according to my knowledge of the applicant.

Signature:_____Date: D___ M___Y_____

We would like to keep you informed and updated on the progress of the applicant and the broader ministry. If you would **NOT** like to receive these updates please tick the following box: □

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not nesitate to contact us if you have any questions, comments or concerns.

EMPLOYER/TEACHER/YWAM LEADER REFERENCE FORM

APPLICANT: Please provide the following information on this form, and present it, with a stamp-addressed envelope to your emplayer, teacher, or most recent YWAM leader to complete.

Applicant Name:_____ School Applying For:_____

Referee Details:
Name:_____ Address:_____

City/State:_____Zip:_____Country_____

Primary Phone Number:_____Email:_____

Position:_____ Church:_____

The above applicant has applied for admission to YWAM Townsville. YWAM (Youth with a Mission) International has over 50 years experience in more than 150 countries worldwide. YWAM is a Christian charity that offers global opportunities for volunteers from diverse backgrounds to serve, build, care, and connect with individuals and communities. YWAM is decentralised in structure and financially autonomous, which allows each centre to adapt and serve the specific needs of the community. YWAM Townsville has operated for over 20 years with an aim to build capacity in young people and develop the community through four focus areas: Training, Medical Ships, Youth Teams, and Operations.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment if needed.

NOTE: Under the Australian Privacy Act, students may request to see this form.

How long have you known the applicant? _____ Years _____ Months

On a scale of 1-10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

How would you rate the applicant in the following areas?

Initiative/Self-starter:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Concern for Others:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Ability to Follow:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Leadership:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Judgment/Decision Making:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Response to Authority Figures:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
General Health:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Personal Appearance/Grooming:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior

Comments:_____

_____

Academic/Mental Ability:	□ Superior	□ Average	□ Inferior
Industry:	□ Superior	□ Average	□ Inferior
Reliability:	□ Superior	□ Average	□ Inferior
Cooperativeness:	□ Superior	□ Average	□ Inferior
Flexibility:	□ Superior	□ Average	□ Inferior
Disposition:	□ Superior	□ Average	□ Inferior
Punctuality:	□ Superior	□ Average	□ Inferior
Time Management:	□ Superior	□ Average	□ Inferior
Financial Responsibility:	□ Superior	□ Average	□ Inferior
Willingness to be Accountable:	□ Superior	□ Average	□ Inferior

Comments:_____

_____

YWAM Townsville IA 07865 trading as YWAM Townsville - Institute For the Nations
Registered Training Organization Reg No. 30614 Commonwealth Register of Institutions for Overseas Students (CRICOS)
CRICOS Provider No. 02205D
Staff Internship 12 month program is not currently accredited and are not eligible for student visas or transfer from a student visa.
Overseas applicants contact us for options on how to get involved.

In your observations, how does the applicant adapt to changing social atmospheres?

□ Excellent - Applicant adapts to various social environments quickly and genuinely, engaging in relationships.	□ Normal - Applicant settles into different environments at a pace and initiates and maintains relationships.	□ Reserved - Applicant is hesitant to engage in groups but tends to become more comfortable once a relationship has been initiated with him/her.	□ Withdrawn - Applicant appears anxious in groups and tends to withdraw; does not engage in any relationship and isolates self.

Please rate the applicant as to his/her maturity and stability.

□ Outstanding - Mature. Has proven ability to operate under stress and pressure.
□ More mature and emotionally stable than average.
□ Possesses adequate emotional stability and maturity.
□ Doubtful - Experience has shown that the applicant may not be able to endure stress.
□ Applicant has frequently demonstrated signs of inability to cope with stress.

Comments:_____

How does the applicant react in trying situations?
□ Withdraws □ Gets Angry □ Accepts Patiently □ Gets Discouraged □ Meets Constructively □ Other (please specify)
_____

Please comment on applicant's strengths and weaknesses.
Strengths:_____

Weaknesses:_____

In your opinion, which of the following areas of ministry is the applicant gifted. (Please check all that apply)

□ Communications	□ Pastoring	□ Teaching	□ Doctor
□ Art	□ Evangelism	□ Discipleship	□ Encourager
□ Drama	□ Prayer	□ Youth Ministries	□ Hospitality
□ Music	□ Counseling	□ Children's Work	□ Administrator
□ Worship	□ Preaching	□ Nursing	□ Servant-Hearted

Please list any other giftings you have observed:_____

Are there any other areas of ministry or service that you would recommend this applicant for?_____

Please add any relevant remarks. (IE Medical, psychological, drug or alcohol related, or any other life situations we should be aware of)
_____

Please comment on the applicant's family background, if known.
_____

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

Would you recommend the applicant for acceptance by YWAM Townsville? □ Yes, unreservedly □ Yes □ No
Comment:_____

I certify that the information provided is complete and accurate according to my knowledge of the applicant.

Signature:_____Date: D___ M___Y_____

We would like to keep you informed and updated on the progress of the applicant and the broader ministry. If you would **NOT** like to receive these updates please tick the following box: □

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not nesitate to contact us if you have any questions, comments or concerns.

FRIEND REFERENCE FORM

APPLICANT: Please provide the following information on this form, and present it, with a stamp-addressed envelope to your friend to complete.

Applicant Name:_____ School Applying For:_____

Referee Details:
Name:_____ Address:_____

City/State:_____Zip:_____Country_____

Primary Phone Number:_____Email:_____

Position:_____ Church:_____

The above applicant has applied for admission to YWAM Townsville. YWAM (Youth with a Mission) International has over 50 years experience in more than 150 countries worldwide. YWAM is a Christian charity that offers global opportunities for volunteers from diverse backgrounds to serve, build, care, and connect with individuals and communities. YWAM is decentralised in structure and financially autonomous, which allows each centre to adapt and serve the specific needs of the community. YWAM Townsville has operated for over 20 years with an aim to build capacity in young people and develop the community through four focus areas: Training, Medical Ships, Youth Teams, and Operations.

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment if needed.

NOTE: Under the Australian Privacy Act, students may request to see this form.

How long have you known the applicant? _____ Years _____ Months

On a scale of 1-10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

How would you rate the applicant in the following areas?

Initiative/Self-starter:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Concern for Others:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Ability to Follow:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Leadership:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Judgment/Decision Making:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Response to Authority Figures:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
General Health:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior
Personal Appearance/Grooming:	□ Superior	□ Above Average	□ Average	□ Below Average	□ Inferior

Comments:_____

_____

Academic/Mental Ability:	□ Superior	□ Average	□ Inferior
Industry:	□ Superior	□ Average	□ Inferior
Reliability:	□ Superior	□ Average	□ Inferior
Cooperativeness:	□ Superior	□ Average	□ Inferior
Flexibility:	□ Superior	□ Average	□ Inferior
Disposition:	□ Superior	□ Average	□ Inferior
Punctuality:	□ Superior	□ Average	□ Inferior
Time Management:	□ Superior	□ Average	□ Inferior
Financial Responsibility:	□ Superior	□ Average	□ Inferior
Willingness to be Accountable:	□ Superior	□ Average	□ Inferior

Comments:_____

_____

FRIEND REFERENCE FORM

In your observations, how does the applicant adapt to changing social atmospheres?

□ Excellent - Applicant adapts to various social environments quickly and genuinely, engaging in relationships.

□ Normal - Applicant settles into different environments at a pace and initiates and maintains relationships.

□ Reserved - Applicant is hesitant to engage in groups but tends to become more comfortable once a relationship has been initiated with him/her.

□ Withdrawn - Applicant appears anxious in groups and tends to withdraw; does not engage in any relationship and isolates self.

Please rate the applicant as to his/her maturity and stability.

□ Outstanding - Mature. Has proven ability to operate under stress and pressure.
□ More mature and emotionally stable than average.
□ Possesses adequate emotional stability and maturity.
□ Doubtful - Experience has shown that the applicant may not be able to endure stress.
□ Applicant has frequently demonstrated signs of inability to cope with stress.

Comments:_____

How does the applicant react in trying situations?
□ Withdraws □ Gets Angry □ Accepts Patiently □ Gets Discouraged □ Meets Constructively □ Other (please specify)
_____

Please comment on applicant's strengths and weaknesses.
Strengths:_____

Weaknesses:_____

In your opinion, which of the following areas of ministry is the applicant gifted. (Please check all that apply)

□ Communications	□ Pastoring	□ Teaching	□ Doctor
□ Art	□ Evangelism	□ Discipleship	□ Encourager
□ Drama	□ Prayer	□ Youth Ministries	□ Hospitality
□ Music	□ Counseling	□ Children's Work	□ Administrator
□ Worship	□ Preaching	□ Nursing	□ Servant-Hearted

Please list any other giftings you have observed:_____

Are there any other areas of ministry or service that you would recommend this applicant for?_____

Please add any relevant remarks. (IE Medical, psychological, drug or alcohol related, or any other life situations we should be aware of)
_____

Please comment on the applicant's family background, if known.
_____

Would you recommend the applicant for acceptance by YWAM Townsville? □ Yes, unreservedly □ Yes □ No
Comment:_____

I certify that the information provided is complete and accurate according to my knowledge of the applicant.

Signature:_____Date: D___ M___Y_____

We would like to keep you informed and updated on the progress of the applicant and the broader ministry. If you would **NOT** like to receive these updates please tick the following box: □

Please send completed forms to:

YWAM Townsville
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not nesitate to contact us if you have any questions, comments or concerns.

ENGLISH PROFICIENCY FORM

All students who do not speak English as their first language are required to complete this form and return it with their application in order to be considered.

Personal Details
Applicant Name:_____ School Applying For:_____ Start Date:_____

Experience in English
How long have you studied English? ____ years ____ months
Have you ever had lectures delivered by a native English Speaker? □ Yes □ No

If yes, when? _____
For what class? _____
For how long? _____

All courses at YWAM Townsville are delivered in English. A sufficient standard of oral and written English proficiency is needed to benefit from the training. You will need to fulfill **at least one of the three entry level criteria listed below:**

1. **A minimum of three (3) years study conducted predominantly in English**
   Answer the following questions and attach the relevant documentation.
   If yes, when?_____
   For what class? _____
   For how long? _____

2. **A minimum of three (3) years studying English as a foreign language with a pass rate of at least 80%**
   Answer the following questions and attach the relevant documentation.
   If yes, when?_____
   For what class? _____
   For how long? _____

3. **Completed formal independent testing with a minimum level at or equivalent to the following:**
   TOEFL: 530
   IELTS: 5.0

If you have completed any of the following 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:_____

If you have not taken a formal independent test we may ask you to do so.

In some cases, YWAM Townsville may need to conduct a phone interview to assess your language skills.

Certification:
I certify that all the information provided in this application is complete and accurate.

Signature:_____Date: D___ M___Y_____

Please send completed forms to:

YWAM Townsville Registrar
PO Box 6221, Townsville, QLD
4810 AUSTRALIA

Phone: 61 7 4771 2123 Fax: 617 4772 4414
Email: registrar@ywamtownsville.org
Web: http://www.ywamrto.org

Please do not nesitate to contact us if you have any questions, comments or concerns.

YWAM Townsville IA 07865 trading as YWAM Townsville - Institute For the Nations
Registered Training Organization Reg No. 30614 Commonwealth Register of Institutions for Overseas Students (CRICOS)
CRICOS Provider No. 02205D
Staff Internship 12 month program is not currently accredited and are not eligible for student visas or transfer from a student visa.
Overseas applicants contact us for options on how to get involved.