



Biblical Core Course Application Form

Please fill in and mail, e-mail or fax it to YWAM Oxford.

Address: YWAM Oxford, PO Box 47, Oxford,
North Canterbury, 7443, New Zealand

Phone: +64 3 312 49 51
Fax: +64 3 312 49 55
E-mail: registrar@ywamoxford.org

Personal Information Date:

Given Name: _____

Middle Name: _____

Family Name: _____

Postal Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Birth Date : (day/month/year) _____ **Current Age** _____

Birth Place: _____

Sex: Female Male

Marital Status: Single Married Separated
Engaged Widowed Remarried

If you have separated or if you are divorced please explain for how long and give us some background on it.

Spouse's Name: _____ **Age:** _____ **Birth Date:** _____

Dependents: _____ **Age:** _____
_____ **Age:** _____
_____ **Age:** _____

Will your dependents come with you? Yes | No

Is there a domestic situation that might make it necessary to return home?



Passport

Primary Passport

Passport Number _____
 Country of Citizenship _____
 Expiry date _____
 Place of issue _____

Second Passport

Passport Number _____
 Country of Citizenship _____
 Expiry date _____
 Place of issue _____

YWAM Involvement:

Where did you do your DTS?

What Date did you graduate?

Have you completed any other Schools with YWAM?

Name:	Place:	Outreach Location	Date: from - to
			-
			-
			-

Have you worked with a YWAM Ministry?

Name:	Place:	Position	Date: from - to
			-
			-
			-

Educational Information

Highest school or university/college level completed:

Where: _____ When: _____

Work Experience:

Please make a list of jobs you have had: (max recent 5)

Name of workplace	Position Held	Dates	Where?

Languages:

What is your home language?

List any other languages you speak

If English is your second language, please rate your abilities below:

(1=unintelligible | 6=close to native speaker)

Speaking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Understanding spoken English	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Writing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Reading	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



Where did you learn English?

How long have you been speaking English?

Personal Profile

Please assess the following:

	Poor	Average	Good	Excellent	Unknown
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

Occupational Skills

Please list your occupational skills.

Abilities and talents

Please list abilities and talents (including musical)

Finances

Do you have the finances to pay for this school? Yes No

If not, how will you arrange that? (please note lecture phase fees are due the day you arrive)



Do you have debts to continue paying while you do this school? Yes No

If Yes, please explain

Home Church Information

Name of Church	_____
Pastor's Name	_____
Address	_____

Telephone	_____
Fax	_____
Pastor's E-mail	_____

Faith

When and how did you become a Christian?

How has your relationship with God been for the last 2 years?

What sort of involvement do you have with your church?



How is your personal devotional life?

What areas of your character are you presently seeking God for further development and improvement?

How would you describe the relationships within your family?

What problems or difficulties do you have in your life?

Emergency Information

In case of an emergency, who should we contact?

(name, address, phone & relationship to you)

Are you allergic to any drugs, bee stings, foods, or anything else?

Are you on any medication? What is it and what is it for?

Please add any other relevant remarks concerning medical, psychological, drug/alcohol/nicotine use or other areas of your life we should know more about to be of service to you.



Application Fee

Please post us a non-refundable application fee of \$50 NZD to us. This can be a personal cheque payable to “YWAM” in NZD, USD, CAD, AUD, Pounds, Sterling or Euros. Couples pay one fee of \$50 NZD. We strongly recommend not sending cash through the mail. You can also pay online at www.ywamoxford.org with a credit card. Please do not send a postal money order.

Thanks for filling out this form. We will be in touch with you. God bless!



Disclaimer

Consent for treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the base director, or his or her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such a time as I am able to make the next decisions for myself. I declare that the above named shall not be required to contact my next of kin prior to exercising his/her authority as provided herein. I declare that I shall not hold Youth With A Mission, the base director or his/her delegate, liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Liability Release

"I release Youth With A Mission, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by myself during the course of my involvement with Youth With A Mission"

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, I wish that my next of kin be advised as soon as practical and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission in sufficient funds to carry out those wishes. In the case where Youth With A Mission is unable to contact my next of kin or that my next of kin are unable or unwilling to give directions at to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate. "

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

Acknowledgement of Financial Responsibility

I understand that payment of the required lecture phase fees must be made in New Zealand currency upon my arrival, unless otherwise approved in writing by the course director, before my departure for New Zealand. Outreach fees must be paid in total by midway through the lecture phase.

Applicant's Full Name _____
Applicant's Signature _____ Date _____
Parent's Signature* _____ Date _____
Relationship to applicant _____

* or responsible party if applicant is under the age of 18