



YWAM Campaigns Regional Centre Tauranga, New Zealand

DTS Application Form

Thank you for your interest in the YWAM Campaigns Tauranga Discipleship Training School. Many have testified to the dynamic, life changing experiences that happen on a DTS. It can be a great time of adventure and growth as you come to know God in a whole new dimension.

Completing this confidential application is the **first step** in beginning the adventure.

The DTS has a “live-learn” philosophy that is designed to help Christians know God personally and to make Him known as a **lifestyle** at home and in the nations of the world. While on the DTS, we endeavour to create a community that is based on the scriptural principle of a body of believers who are one in spirit, working together towards the same objectives. The teaching has a strong emphasis on Christian character development and personal application of truth.

The DTS is certainly a **one of a kind** experience. Our DTS runs over five and half months and has lectures integrated with outreach (field assignments), both locally and overseas. This enables you to fully process what you are learning while taking full advantage of applying these principles as you travel into various communities. At the end of our school, students will have a chance to process together all that God has done in their lives, to consider their next steps in life, and to have a graduation night. After that, the **sky's the limit!**

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Please read each section carefully before completing your application form. You will need to read the accompanying information for further information on the DTS and on YWAM.

If we can be of any assistance, please don't hesitate to phone me on **(64) 9 889 2423** or email me at: iwt-nz@impactworldtour.com

I look forward to receiving your application.

Kind regards

Joshua Cole – School Leader



- All the questions on the application must be completed.
- Husbands and wives must complete separate application forms.
- Use the check boxes below to ensure that you complete all sections of the application.
- Please make a **photocopy** of all your application forms for your personal records before sending it back to us.

1. Entry Application Form

- Entry Application Form completed and signed **Please PRINT in BLOCK LETTERS**
- Additional questions (a)–(h) about yourself, completed and attached
- Photographs (2) included

2. Registration fee

- Enclosed (\$30 NZD single, \$40 NZD married couple)
- Note** - your registration fee must be forwarded with the application, which will not be processed without payment. This fee is not refundable.
- If you are an overseas applicant, please forward your registration fee in the form of an **International Bank Draft** in NZD or use the **web** to make a payment by credit card.

3. Financial/Liability, Treatment and Burial Release Forms and Signature of Agreement (1) (2) & (3)


- Financial / release / agreement forms completed, signed and attached with application
- Note – all five sections need to be read, understood and then signed.

4. Confidential Health Requirements

- Confidential Health Form completed and signed by your doctor and attached to your application
- Note: this should **not** require a full, all-inclusive medical. Basically, we require your doctor's recommendation that you are mentally and physically suitable for the course upon reviewing your medical history and having a brief examination. Be aware that you may have to have a separate medical for immigration purposes once you have been accepted.

5. Confidential References

- (1) Pastor/spiritual leader
- (2) Employer/business associate/teacher (Christian authority figure in your life)
- (3) Friend (who knows you well).

Note - the reference forms should be handed personally  to the three referees with a stamp-addressed envelope, asking them to complete the reference as soon as possible and mail it directly to the DTS Registrar. Your application will not be processed without them.

It's advisable to include trusted people in your decision making process. Those who fill in your reference forms may have a genuine interest in your life and insight into the steps that you are taking. Be prepared to answer some questions and have on hand some information about the DTS and YWAM to assist with your communication.

Referee and Parent/Guardian Address Form

- Details of (3) referees and parents/guardians completed and attached with application.

6. Passport

Everyone attending the DTS should have a valid passport with an expiration date of at least six months after the conclusion of the school.

7. Visas, Air Tickets and Health Insurance

Please do not apply for a visa until you receive confirmation of enrolment from and the appropriate papers. Air tickets are your responsibility and should not be purchased until after you have received your visa. We will provide further information about immigration once an applicant is accepted.

Forms can be filled out and mailed directly to:
DTS Registrar
YWAM Campaigns Tauranga
PO Box 15-134, Tauranga, New Zealand
Ph +64 9 889 2423

Section 1 – Entry Application



Once accepted, we will send more detailed information on visas and how to prepare to come

Please PRINT in BLOCK LETTERS

• Personal Details

Which DTS are you applying for?

Mr Mrs Miss Ms

First Name Middle Name

Last Name

Preferred name to be known by

• Permanent Address

Street

City

State/Prov

Post code

Country

Home Phone

Mobile

Fax

E-mail

Work phone

• Mailing Address (if different from above)

Street

City

State/Prov

Post code

• In case of emergency

Contact name

Relationship to you

Street

City

State/Prov

Post code

Home Phone

Mobile

Fax

Work Phone

• Pastor's name (Home Church Information)

Name

Church

Street

City

State/Prov

Post code

Home Phone

Fax

E-mail

Work Phone

• Age

Date of birth / /
Day Month Year

Place of birth

Country of birth

Citizenship

• Passport Number

Expiry date / /
Day Month Year

Place of Issue

• Visa – if you have a current New Zealand visa -

Visa Type

Expiry date / /
Day Month Year

• Musical abilities

• Other talents

• Occupational skills

• Marital Status

Single

Engaged

Married

Separated

Divorced

Remarried

Widowed

Spouses name, if married

Maiden name, if married

• Financial Support

• Do you have your complete fees?
(Includes lecture and outreach phase)
Yes No

• If not, how much do you presently have?
\$ NZD

• Do you have financial support?
Yes No

• How do you anticipate the provision of any outstanding amount?

**• Educational History**Which year/grade level have you completed of high/secondary school? Name or educational institution: Address/Location: Other education (formal and informal) and qualifications received:

• Previous Training in New ZealandHave you ever undertaken previous training in New Zealand while on a student visa: Yes No

If so, give details -

Type of study: Name or educational institution: Address/Location: **• First Language Spoken** (Native language) **Other Languages Spoken** **• English Proficiency**Please complete the following questions if English is not your first language.

All courses at Reef to Outback are conducted in English. A sufficient standard of oral and written English proficiency is needed in order to benefit from the training. You will need to fulfil at least one of the three entry level criteria in English proficiency - (a), (b) **or** (c).

(a) A minimum of 3 years study conducted predominantly in English

Give a brief outline of your study, name and address of educational institution, and attach relevant documentation.

Type of study: Name or educational institution: Address/Location: **(b) A minimum of 3 years studying English as a foreign language, with a pass rate of at least 80%**

Give a brief outline of your study, name and address of educational institution, and attach relevant documentation.

Type of study: Name or educational institution: Address/Location:

or

(c) 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, we may need to conduct a phone interview to assess your language skills.



• **Additional Questions**

Please prayerfully answer the following questions on a separate sheet of paper.

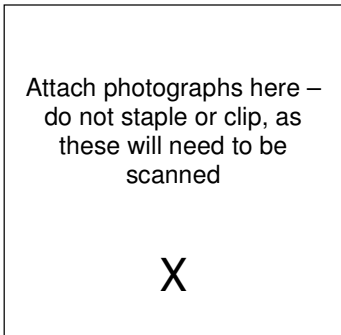
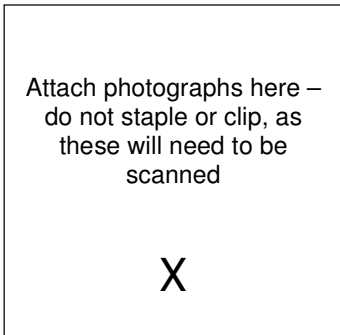
- (a) Please describe your Christian experience and present spiritual relationship with the Lord. (no more than one page)
- (b) What areas of your character are you presently seeking God to further develop and improve?
- (c) Do you feel that God has given you, or is leading you into any particular area of ministry?
- (d) What Church involvement have you had?
- (e) How would you describe relationships within your immediate family? What is their opinion on your involvement in a DTS?
- (f) How do you feel you adapt and respond to changes in situations and new environments?
- (g) Are there any unresolved conflicts in relationships that you can identify?
- (h) Why do you want to join YWAM Campaigns Tauranga - Tauranga DTS?
- (i) How did you hear about YWAM Campaigns Tauranga - Tauranga DTS?

(Print or type, and attach to your application form)

• **Photos**

- Please send us **two** recent clear, colour, passport-sized, portrait-type photos.
- These photos will be used for staff to pray for accepted students before arrival.

Preferred Name:



**1. Acknowledgement of Financial Responsibility**

- **All fees are in New Zealand dollars (NZD) and must be paid in New Zealand dollars-**You will be notified of any changes to this fee schedule prior to arrival.

Fee Payment to YWAM Campaigns Tauranga**1. Registration Fee: \$30**

Your application processing fee.

Payment required by:

With application (application cannot be processed without this).

2. Course Enrolment Fee: \$100

Administration costs in preparation for beginning of the course.

Once accepted, send this within 3 weeks of receiving Letter of Offer.

3. Medical/Travel Insurance Cover: Payable directly to your insurance provider

**See below for details

Must provide proof of insurance BEFORE travelling to New Zealand.

4. DTS Course Costs: \$3,800

The \$4,400 fee covers:

Tuition Fees:	\$2,300
Room and board (ie food and accommodation):	\$1,500

It does not include:

- Visas or personal expenses such as toiletries, laundry, snacks and postage, etc.
- Airfare, bus, and/or train tickets needed to get you to Tauranga. We provide airport pick-ups, however.

We ask that you send **\$500** as a deposit to secure your position on the school. Once accepted, send this within 3 weeks of receiving Letter of Offer.The remaining **\$3,300** of the course costs will be due on or before the day course commences.**5. Outreach Fee: \$1,500**

This includes food, accommodation and some set up costs for both your outreaches.

The outreach fees and outreach transportation costs are payable in the 4th week of the school.**6. Outreach Transportation Costs: \$2,500**

This outreach fee is for transportation costs within New Zealand and the cross-cultural outreach, cover things like airfares, insurance, vehicle running costs, bus/train tickets

Note:

Students will not be able to begin their course unless they are able to make these payments. However, if you contact the school leader and explain your financial situation, another payment schedule may be arranged.

****Medical/Travel Insurance Cover - IMPORTANT PLEASE READ**

If you are a not a New Zealand or Australian citizen or resident, you will need to obtain health insurance for your time both in New Zealand and on overseas outreach. This may be in the form of travel insurance obtained through a travel agent (ie Student Travel Association) or through your regular insurance company. You will also need to inform the provider that you will be based in New Zealand but will travel throughout the Pacific Islands. If needed you may update your policy once outreach locations have been confirmed. **You will be responsible for arranging this and you must provide proof of insurance BEFORE you leave for New Zealand.** We recommend you do a little research to find the best deal and coverage before deciding on a provider.

Section 2 – DTS Financial Agreement Form (1)



• Refund Policy

Payment of the refund will be:

- a) Paid directly to student (or directly to the person who made the payment) unless a written request is made by the student to make payment to someone else.
- b) All fees will be refunded in the currency that payment was made.
- c) Paid to the student as soon as practical but no later than four weeks after it is due.

Reason for Refund	Notification Period	Refund (\$NZD)
1. Registration fee	n/a	\$30 non-refundable
2. Course enrolment fee	n/a	\$100 non-refundable
3. Course Costs		
I. Student withdraws before course commences for reason of: (a) voluntary withdrawal (b) visa is denied	For any period up to course commencement:	Total refund of course costs.
No Course Cost refunds will be issued beyond the 4 th week. In the event of an unplanned departure from the DTS, the following refund schedule will apply:		
II. Student withdraws after course commences for reason of: (a) voluntarily withdrawal (b) breach of visa conditions (c) breach of provider's rules	From course commencement after the: 1 st week: 2 nd week: 3 rd week: 4 th week: 5 th week onwards:	\$3,040 - 80% of course costs \$2,280 - 60% of course costs \$1,520 - 40% of course costs \$760 - 20% of course costs nil
4. Medical (Travel) Insurance Fees Student withdraws from the course at any time (before or after commencement), for any reason.		YWAM Campaigns Tauranga will NOT be responsible for refunding any monies spent on overseas insurance. The student may contact their provider for refund options.
5. Outreach Transportation Costs Student withdraws after course commences for reason mentioned above in part two of "course costs".	After outreach costs are paid.	A refund may be given depending on the nature of the cost (eg an airfare may not be a refundable ticket).

I confirm that I understand payment of the required course costs must be made on or before my arrival, unless otherwise arranged with YWAM Campaigns Tauranga, and I agree to do so. I also confirm that I am fully aware of the refund policy, my financial obligations, both to the Lord and to the students and staff at the school.

I therefore accept all responsibility for all fees and personal expenses incurred during my involvement with YWAM Campaigns Tauranga.

I also give YWAM Campaigns Tauranga authority to withdraw from the notified trust account any amount of my course costs paid in advance of the course commencement for purposes of the course set up (e.g. lecturer costs, accommodation, tuition resources, purchase of equipment, vehicle leasing and food)

Signature **X**

Date / /
Day Month Year

(Applicant or Parent/Guardian)
Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

**• Statement of Burial and Liability Release**

YWAM Campaigns Tauranga 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 YWAM Campaigns Tauranga, it nevertheless needs to be considered.

In case of death, YWAM Campaigns Tauranga cannot commit to cover the costs of shipping the body to another country for purposes of burial or to ultimately cover the burial costs in the country of death. If the family desires to see the body transported back home, the family must incur the cost.

Please note: Your overseas Health/Travel insurance may cover burial costs. This is something you will need to discuss with your provider.

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

2 Release of Liability

I/We do hereby release YWAM Campaigns Tauranga 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 Campaigns Tauranga

Signature X

Date

/ /
Day Month Year

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

3 Consent for Treatment

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

First Name

Middle Name

Last Name

Signature X

Date

/ /
Day Month Year

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

4 Burial Statement

I agree that in the case of my death while in YWAM Campaigns Tauranga, YWAM Campaigns Tauranga 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 Campaigns Tauranga and all its staff and associates of the burial costs.

Signature X

Date

/ /
Day Month Year

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)



5 Release of Information

Please check any information you **DO NOT** release or agree to allow YWAM Campaigns Tauranga to use:

- Enrolment information (name, country of origin, home state, age), photos, video footage, quotes and testimonies provided by me or obtained during my involvement with YWAM Campaign Tauranga, to be used for the YWAM Campaigns Tauranga website and advertising.
- Personal phone contacts to be compiled into a phone contact list for the YWAM Campaigns Tauranga 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.

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

Signature **X**

Date / /
Day Month Year

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)



- **Signature of Agreement**

**If I am accepted by YWAM Campaigns Tauranga,
I will abide by the spirit, rules and schedule of the school.**

- I have read and understood the accompanying information.
- I am fully aware of the contents, structure and duration of the course.
- 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.
- I have read and fully understand the DTS financial commitment form (pp. 6-7, *Section 2*).
- 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.

For international students:

- I am aware that as an international student I will leave New Zealand when my studies are complete and/or my visa expires.
- I understand that my student visa application may be refused, despite the fact that I have paid appropriate application fees, supplied all required documentation and undergone any required medical examinations.
- 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.

Signature X

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

Date

/ /
Day Month Year

Section 3 – Confidential Health Form



- **To the Doctor:** We are not asking for the student to undertake an all-inclusive medical. Rather, we are seeking your recommendation based upon your evaluation of the individual's mental and physical suitability to undertake the course, bearing in mind that the applicant could be working and travelling in almost any country; often in primitive and stressful conditions.

Applicant's name _____

Doctor's name _____

Phone _____ Fax _____ Email _____

How long has this patient been in your care? _____ years _____ Months

• **General Health**

Is the patient able to walk 5 kilometres/3 miles in a day? Yes No

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

Height _____ metres Weight _____ Kilograms

Is the patient over or under weight? Yes No

If yes, is this a risk to their health? Yes No

Is the patient under medical supervision? Yes No

If yes, please give details _____

Does the patient have special dietary needs? Yes No

If yes, please give details _____

Has the patient any infectious diseases? Yes No

If Yes, please give details (this may be a requirement of the authorities of the country to which the applicant is travelling)

Does the patient suffer from any of the following? If yes, please give details

Epilepsy fits	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Hypertension	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Respiratory problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Anxiety/Mental problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dental problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Adverse reactions to stressful situations	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Any other serious conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

List any medication that the patient is taking. _____

Why are they taking it/how much longer will they need it? _____

• **For women only**

Problems with her menstrual cycle? Yes No comment _____

Is the patient pregnant? Yes No comment _____

• **Operations and serious illnesses - family medical history**

Please list any serious illnesses and operations that the **patient** has had / any serious illnesses in **patient's family** --- in the last five years requiring hospital treatment or non-hospital treatment that has had a long-term effect upon the person's health.

Family member	Illness/operation	Date	Outcome
		/ /	
		/ /	
		/ /	

• **Immunisations**

It is advisable to be up to date with all necessary immunisations - the school travels to various parts of Asia/Pacific. (This is the student's responsibility.) Do you recommend any follow-up tests/treatments/immunisations?

• **Comments**

In your opinion is this applicant physically / mentally well enough to join a six month training program that is quite strenuous and emotionally demanding? Yes No

Any other comments _____

Signature X _____ **Date** _____ / _____ / _____
 (Doctor) _____ Day Month Year



Section 4 - Confidential Reference – Pastor/Spiritual Leader



Please PRINT in BLOCK LETTERS

• **Applicant** First Name _____ Last Name _____ School applying for _____

 September: 20__

The above applicant has applied for admission to YWAM Campaigns Tauranga, a ministry of Youth With A Mission (YWAM). YWAM is a Christian mission-oriented, 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. **Please note:** the DTS is only an entry-level missions experience. Thank you for your assistance. Do not hesitate to contact us if necessary.

• **Referee details**

Mr Mrs Miss Ms _____ Other _____

First name _____	Phone (h) _____
Last name _____	Phone (b) _____
Street _____	Mobile _____
_____	E-mail _____
City _____	Fax _____
State/Prov _____	_____
Post code _____	Position _____
Country _____	Church _____

• **Character Profile**

		Above Average	Average	Below Average		Above Average	Average	Below Average
1	Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Leadership	<input type="checkbox"/>	<input type="checkbox"/>
2	Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Mental ability/quick comprehension	<input type="checkbox"/>	<input type="checkbox"/>
3	Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>
4	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Reliability/meets obligations	<input type="checkbox"/>	<input type="checkbox"/>
6	Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>
7	Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>
8	Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	Servant heart	<input type="checkbox"/>	<input type="checkbox"/>
9	Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	Spiritual growth observed	<input type="checkbox"/>	<input type="checkbox"/>
10	Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>

• Does the applicant display high moral standards? Yes No

If no, please explain _____

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

Mature Contagious Genuine & Growing Over-emotional Superficial

• Please comment on character -
 Strengths _____
 Weaknesses _____

• Is he/she able to work through personal problems without constantly depending on the counsel of others? Yes No

Comment _____

• Please add any other relevant remarks _____

• What kind of ministry would you recommend this applicant for?

• Would you have this person on your staff? Yes No

Comment _____

• Would you recommend the applicant for acceptance by YWAM Campaigns Tauranga?
 Yes, unreservedly Yes, with hesitation No

Comment _____

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

• Any other comments _____

Signature X _____ **Date** _____ / _____ / _____
 (Referee) _____ Day Month Year

• I would like to keep in touch with the ministry of YWAM Campaigns Tauranga and the Discipleship Training School. Please put me on your mailing list for email newsletters Yes

• **Please mail this form directly to:**

DTS Registrar	Phone: +64 9 889 2423
YWAM Campaigns Tauranga - Tauranga DTS	Email: iwt-nz@impactworldtour.com
PO Box 15-134, Tauranga, New Zealand	Web: www.iwt.co.nz

Section 4 - Confidential Reference – Employer/Teacher/Business Associate

Please PRINT in BLOCK LETTERS

• **Applicant** First Name _____ Last Name _____ Which school are they applying for _____

September: 20__

The above applicant has applied for admission to YWAM Campaigns Tauranga, a ministry of Youth With A Mission (YWAM). YWAM is a Christian mission-oriented, 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. **Please note:** the DTS is only an entry-level missions experience. Thank you for your assistance. Do not hesitate to contact us if necessary.

• **Referee details**

Mr Mrs Miss Ms _____ Other _____

First name _____
 Last name _____
 Street _____

 City _____
 State _____
 Post code _____
 Country _____

Phone (h) _____
 Phone (b) _____
 Mobile _____
 E-mail _____
 Fax _____

Occupation _____
 Position _____

• **Character Profile**

		Above Average	Average	Below Average			Above Average	Average	Below Average
1	Ability to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Mental ability/quick comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Willing to be accountable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Reliability/meets obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	Response to authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Flexibility/open to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	Response to pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Grateful spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	Servant heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Initiative/self starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	Spiritual growth observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Industrial/hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	Teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Does the applicant display high moral standards? Yes No

If no, please explain _____

• In your consideration, which of the following would best describe the applicant's relational skills with other employees and management?

Mature Loyal Genuine commitment to work Lacks respect Superficial

• Please comment on character - Strengths _____

Weaknesses _____

• Is he/she able to work through personal problems without affecting their work or others? Yes No

Comment _____

• Please add any other relevant remarks _____

• What kind of work would you recommend this applicant for? _____

• Would you have this person on your staff? Yes No

Comment _____

• Would you recommend the applicant for acceptance by YWAM Campaigns?

Yes, unreservedly Yes, with hesitation No

Comment _____

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

• Any other comments _____

Signature X _____

(Referee)

Date _____

_____/_____/_____
 Day Month Year

• I would like to keep in touch with the ministry of YWAM Campaigns Tauranga and the Discipleship Training School. Please put me on your mailing list for email newsletters Yes

• **Please mail this form directly to:**

DTS Registrar
 YWAM Campaigns Tauranga - Tauranga DTS
 PO Box 15-134, Tauranga, New Zealand

Phone: +64 9 889 2423
 Email: iwt-nz@impactworldtour.com
 Web: www.iwt.co.nz

Section 5 – Referee and Parent/Guardian Addresses

• Referees

We will send each of your confidential referees an information pack to explain more about . In addition, we would like to keep your parents and referees updated on YWAM Campaigns Tauranga and the DTS while you are on the school via email and newsletters. If you think that it is not appropriate to have them on our mailing list, please indicate below.

**Please supply referee details
PRINT in BLOCK LETTERS.**

Referee – Pastor/Spiritual Leader

Mr Mrs Miss Ms _____ Other

First name _____
 Last name _____
 Street _____

 City _____
 State/Prov _____
 Post code _____
 Country _____

Do not send updates beyond initial infopack

Phone (h) _____
 Phone (b) _____
 Mobile _____
 E-mail _____
 Fax _____

 Position _____
 Church _____

Referee – Employer/Business Associate/Teacher

Mr Mrs Miss Ms _____ Other

First name _____
 Last name _____
 Street _____

 City _____
 State/Prov _____
 Post code _____
 Country _____

Do not send updates beyond initial info pack

Phone (h) _____
 Phone (b) _____
 Mobile _____
 E-mail _____
 Fax _____

 Position _____
 Occupation _____

• Referee – Friend

Mr Mrs Miss Ms _____ Other

First name _____
 Last name _____
 Street _____

 City _____
 State/Prov _____
 Post code _____
 Country _____

Do not send updates beyond initial info pack

Phone (h) _____
 Phone (b) _____
 Mobile _____
 E-mail _____
 Fax _____

• Parents/Guardians

We would like to be able to stay in touch with your parents/guardians while you are on the DTS (including emergency purposes). Please supply details below.

Parents/Guardians

Mr Mrs Miss Ms _____

First name _____
 Last name _____
 Street _____

 City _____
 State/Prov _____
 Post code _____
 Country _____

Do not send updates

Phone (h) _____
 Phone (b) _____
 Mobile _____
 E-mail _____
 Fax _____

 Comments _____