



**ENTRY APPLICATION FOR
ADVANCED COMMUNITY
COUNSELLING SCHOOL**

Youth With A Mission - Training

Please attach a
recent photo of
yourself here

Applicant Details

1. Application

Is your Registration Fee enclosed?

Yes No

The school I wish to attend is:

ACCS - Start Date: / /

Have you satisfactorily completed a DTS or CDTS with YWAM (including outreach)? Yes No

If **YES** please state:

Year Location

Leader

Have you satisfactorily completed a CCS or IBC with YWAM (including outreach)? Yes No

If **YES** please state: (please circle)

Year Location

Leader

2. Your Name (in full as in your passport)

Mr Mrs Miss Ms

Surname

First Name

Middle Names

Preferred Name

3. Personal Details

Your Date of Birth / / Age Sex

Country of Birth

4. Marital Status

Single Engaged Married
 Separated Widowed Divorced

Spouse's Name (if applicable)

Date of Marriage (if applicable) / /

5. Contact Details

Permanent Address (include country & postcode)

Present Address (include country & postcode)

Telephone (include country & area code)

Fax (**important** - for sending visa instructions)

Email

6. Passport Details

What is your Country of Citizenship?

Passport Number Date of Expiry / /

Type of Australian Visa (if you currently have one)

Date of Visa Expiry / /

7. Children

How many children are accompanying you?

Children (cont)

List the names, dates of birth and passport numbers of children accompanying you

Child 1 (Name)

Date of Birth

Sex

Passport Number

Date of Expiry

Child 2 (Name)

Date of Birth

Sex

Passport Number

Date of Expiry

Please include additional children and details on a separate sheet of paper.

8. Educational History

Have you graduated from High/Secondary School or equivalent? Yes No

If "Yes", list date of graduation and name of certificate/diploma received

Total number of years of primary/secondary schooling:

9. Financial Support

Do you have your complete school fees?

Yes No

If not, how much do you presently have?

How do you anticipate the provision of the outstanding balance of your school fees?

Do you have financial support? Yes No

10. Skills

Languages Spoken

Musical Ability & Talents

Current Occupation and Additional Skills

11. Emergency Contact

Who do we contact in case of an emergency involving you?

Mr Mrs Miss Ms

Surname

First Name

Relationship (ie Father, Mother, Sister, etc)

Address (include country & postcode)

Contact Telephone Number (include country & area code)
Home

Work

Fax

Email

12. Home Church Information

Name of Church

Pastor's Name

Address

Telephone Number (include country & area code)

Fax

Email

13. English Proficiency

Please answer if your native language is NOT English UNLESS you have already completed a school at YWAM Perth

All courses conducted at Youth With a Mission Perth are in English. You will require a sufficient standard of oral and written English proficiency in order to benefit from the training you undertake. Please complete the following questions if English is not your first language and you have not previously completed a school with us.

- (a) Personal Evaluation of English Proficiency:
Please circle your ability in the following skills:
(1 = unintelligible and 6 = close to native speaker)

| | unintelligible → close to native speaker | | | | | |
|-------------------------------|--|---|---|---|---|---|
| spoken English | 1 | 2 | 3 | 4 | 5 | 6 |
| understanding spoken English | 1 | 2 | 3 | 4 | 5 | 6 |
| written English | 1 | 2 | 3 | 4 | 5 | 6 |
| understanding written English | 1 | 2 | 3 | 4 | 5 | 6 |

- (b) Independent Testing

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 test we may ask you to do so.

- (c) Give a brief outline of your past history learning English, i.e. how long you studied English and at what level (e.g. 3 years basic English at high school)

If your English proficiency is not at an adequate level, you may wish to apply for our English for Missions course.

14. Acknowledgment of Financial Responsibility

I confirm that I understand payment of the required school tuition and fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission.

Signed

Dated

15. Release of Liability

I do hereby release Youth With A Mission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvements with Youth With A Mission.

Signed

Dated

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian

Signed

Dated

16. Consent for Treatment

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon myself as in the opinion of the attending physician/s is deemed necessary

Signed

Dated

If applicant is under 18 years of age, signature of parent/guardian is also required

Name of Parent/Guardian

Signed

Dated

17. Declaration

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

Signed

Dated





ENTRY APPLICATION FOR ADVANCED COMMUNITY COUNSELLING SCHOOL

Youth With A Mission - Training

Application Form Guide

All the questions on the application must be completed. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate application forms.

1. APPLICATION FORM The following application form is only used when applying for the Advanced Community Counselling School with Youth With A Mission, Perth Australia.

Satisfactory completion of both lecture and outreach phases of a Discipleship Training School (DTS) or Crossroads Discipleship Training School (CDTS) **AND** of a Community Counselling School or Introduction to Biblical Counselling with Youth With A Mission is a requirement for acceptance to the Advanced Community Counselling School. If you are uncertain of how this applies to your application, please contact us for further explanation.

IMPORTANT: Applications from overseas students should be returned twelve weeks prior to the start of the school to ensure time for visa processing. Applications will be received up to 4 weeks before the start of school, but there is a risk that your visa will not be processed in time for the start of the school.

2. REGISTRATION FEE Your \$Aus30 (\$Aus60 married couple) registration fee must be forwarded with your application. This fee is not refundable. Your application will not be processed without the registration fee.

Please note you can pay the registration fee by credit card through a secure page on our website - you can access the location from our home page: www.ywampert.org.au.

Alternatively, IF YOU ARE AN OVERSEAS APPLICANT PLEASE FORWARD YOUR REGISTRATION BY AUSTRALIAN DOLLAR BANK DRAFT.

3. QUESTIONS Please prayerfully answer the attached question sheet. Please print or type answers and attach to the application.

4. RELEASES (Sections 14 to 17 of the form). All four releases should be signed before your application can be processed.

5. MEDICAL REQUIREMENTS The confidential health form requires the applicant's attention and should then be given to your doctor for his/her completion and mailed or faxed directly to THE REGISTRAR.

Please note: medical forms are also required for all accompanying dependents 16 years and older.

6. PERSONAL REFERENCES A reference form must be given to your:-

- a) Pastor/spiritual leader
- b) CCS or IBC leader

Please request they complete the form and mail or fax it directly to THE REGISTRAR. Please list the name and address of each referee on a separate sheet of paper.

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

8. VISAS Please do not apply for a visa until you receive confirmation of enrolment from YWAM Perth and the appropriate papers. If you have a current Australian visa, please tell us what type of visa you have and when the visa expires.

ALL FORMS ARE TO BE MAILED OR FAXED TO:

**THE REGISTRAR
Youth With A Mission
PO Box 8501
Perth Business Centre 6849
PERTH, WESTERN AUSTRALIA**

**Fax No: +61 8 9328 1324
Tel No: +61 8 9328 5321**



**ADVANCED COMMUNITY
COUNSELLING SCHOOL
REFERENCE FORM**

Youth With A Mission- Training

**Pastor/Pastoral Staff
Reference**

Name of Referee

Name of Applicant

Applicant Address
(include country & postcode)

School Applied for

Start Date

Return all forms to:

The Registrar
Youth With A Mission
PO Box 8501
Perth Business Centre
WA 6849
AUSTRALIA

Fax: +61 8 9328 1324
Tel: +61 8 9328 5321

The applicant named above has applied for admission to one of Youth With A Mission's ministries. YWAM is an international movement of Christians from many denominations dedicated to presenting Jesus Christ to this generation, to mobilising as many as possible to help in this task and to the training and equipping of believers for their part in fulfilling the Great Commission. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted into the Youth With A Mission school/ program applied for.

1. Relationship With Applicant

What is your relationship to the applicant?

Pastor Other, please specify

How long have you known the applicant?

On a scale of 1 to 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 long has the applicant attended your church?

2. Christian Experience

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

Mature Contagious

Over-emotional Superficial

Genuine & Growing

3. Family Background

Please comment briefly on the applicant's family background (if known)

4. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Emotional stability _____

Ability to follow _____

Flexibility _____

Reliability _____

Co-operation _____

Self discipline _____

Ability to cope with stress _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgement _____

5. Problem Areas

Please note that we are seeking to help the applicant grow.

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

6. Responsibility

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

Does the applicant respond well to authority?

Yes No Please elaborate:

7. Giftings

In your opinion, in which of the following areas of ministry is the applicant gifted?

- communication preaching teaching
- drama music art
- pastoring one-on-one counselling
- encourager discipleship evangelism
- prayer worship servant hearted
- hospitality children's work youth work
- doctor nurse secretarial
- administration plumbing carpentry

other: _____

8. Recommendation

What is your overall evaluation of the applicant's promise as a YWAM worker?

- Definitely unsuited
- At this time, he/she is unsuited
- Good prospect, but I have some reservations
- Average prospect
- Above-average prospect

Unusually exceptional prospect

9. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

10. Referee Information

I declare that the contents of this reference are correct to the best of my knowledge

Name (block capitals please)

Address (include country & postcode)

Home Telephone (include country & area code)

Work Telephone (include country & area code)

Email

Signed

Dated

Please phone us on + 61 8 9328 5321 if you have any additional comments.

Thank you for your assistance.
Would you like to receive further information about Youth With A Mission, Perth?

Yes No



**ADVANCED COMMUNITY
COUNSELLING SCHOOL
REFERENCE FORM**

Youth With A Mission - Training

**CCS/IBC
Leader Reference**

Name of Referee

Name of Applicant

Applicant Address
(include country & postcode)

School Applied for

Start Date

Return all forms to:

The Registrar
Youth With A Mission
PO Box 8501
Perth Business Centre
WA 6849
AUSTRALIA

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1. Relationship With Applicant

What is your relationship to the applicant?

CCS Leader IBC Leader

How long have you known the applicant?

On a scale of 1 to 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

2. Counselling Skills Development

Please rate the applicants development in:

Active listening _____

Feedback _____

Probing/questioning _____

Accurate Empathy _____

Insight into issues _____

Discernment and hearing God _____

Confronting/challenging _____

3. Personal Profile

Please describe in your own words how you would rate the applicant in the following areas:

Health _____

Initiative _____

Social adaptability _____

Personal grooming _____

Concern for others _____

Financial responsibility _____

Leadership capability _____

Ability to follow _____

Flexibility _____

Academic ability _____

Attitude to work _____

Reliability _____

Co-operation _____

Self discipline _____

Moral standards _____

Temperament _____

Punctuality _____

Perseverance _____

Sound judgement _____

4. Emotional Stability

Please rate the applicant as to his/her maturity and stability (please check one):

- Outstanding mature. Has proven his/her ability to operate under stress and pressure
- More mature and emotionally stable than average
- Possesses adequate emotional stability and maturity
- Applicant has frequently demonstrated signs of inability to cope with stress such as rage or withdrawal, is erratic in attitude and action or has demonstrated emotional instability in other ways
- Doubtful. Experience has shown that the applicant might not be able to endure stress

5. Trying Situations

How does the applicant usually react in trying situations (please check one):

- Withdraws Gets discouraged
- Gets angry Meets constructively
- Accepts patiently Other (please specify)

6. Problem Areas

Please note that we are seeking to help the applicant grow.

Please circle words or descriptions if they apply to the applicant:

Impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced toward groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions

If you have noticed any of these, or similar limitations in the applicant's life, please elaborate:

7. Character

Have you enjoyed having the applicant with you?

Yes No Please elaborate:

Has the applicant been an asset to your school?

Yes No Please elaborate:

Is the applicant dependable and trustworthy with responsibility given to him/her?

Yes No Please elaborate:

Does the applicant respond well to authority?

Yes No Please elaborate:

8. Additional Comments

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

9. Recommendation

What is your overall evaluation of the applicant's promise in Christian counselling ministry?

- Definitely unsuited At this time, he/she is unsuited
- Good prospect, but I have some reservations Average prospect
- Above-average prospect Unusually exceptional prospect

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Thank you for your assistance.