

# *Youth With A Mission*

## *Cyprus, Larnaca*

### **WELCOME TO OUR DISCIPLESHIP TRAINING SCHOOL (DTS)**

Thank you for your interest in our school here in the historically rich land of Cyprus! It is our intention that this application process serves as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time.

We are in a season where God is drawing back his beloved people into passionate intimacy with himself. The Cyprus DTS is a time for character building and personal transformation leading to a deeper relationship with God and understanding of your destiny. For the lovers, learners and worshippers to come and sit at his feet and learn from him.

### ***To know Him intimately and make Him known passionately***

Cyprus is an ancient land, where many walked who loved Jesus and knew him radically. Men like Paul, Barnabas and Lazarus (after he had been raised to life) and many others, unknown by man but known by God. Those lovers shaped the early Church as they started the quest that began in Jerusalem to find a bride for the Son of God. We believe that the time for Cyprus isn't over. Are you another one that will make history?

### **HOW TO COMPLETE THE APPLICATION FORM**

Please answer all the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper. Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage and will be seen only by relevant school leadership.

### **REFERENCES**

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your employer or teacher. Fill in your name and address, and school dates for the DTS and give the forms to the referees. Please ask that they return the forms as soon as possible to the address given in the footer. If you have any queries or difficulties providing references, please contact us.

### **MEDICAL REPORT**

A Medical Report Form is included, part to be completed by you and part by your Doctor and to be sent with your application form.

### **PASSPORT/VISA INFORMATION**

Please ensure this form is sent with 1 passport photo with your application form.

### **FINANCIAL POLICY**

This needs to be read and returned signed by you along with your application form.

### **FINALLY....**

We pray that God will guide you clearly as you complete this form.

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Application form for Discipleship Training School in Larnaca  
(Confidential when completed)

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**CONFIDENTIAL APPLICATION FORM**

**1. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Title, Surname, First Name, Middle Name, Preferred Name)

**CURRENT ADDRESS** (Valid until \_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PERMANENT ADDRESS:** (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**DATE OF BIRTH:**     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                                  day    month    year

AGE: \_\_\_\_\_   SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

**2. MARITAL STATUS**

Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow/er \_\_\_

Spouse's/fiancés Name \_\_\_\_\_

Has your spouse/fiancé applied for this school? Yes \_\_\_ No \_\_\_ (We strongly recommend doing the DTS as a couple). If not, please comment

\_\_\_\_\_

\_\_\_\_\_

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**3. DEPENDANTS**

Will any children be accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details:

Name	Boy/Girl	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. REFEREES INFORMATION**

**a) Church leader's Name & Title:** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

**b) Employer's Name & Title:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

**c) Mature Christian Friend's Name & Title:** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

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**5. EDUCATION AND SKILLS**

Secondary School (Education between 11 and 18 years)

Name of Establishment	Dates Attended	Exam Success/Qualifications
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

University/College/Higher or Further Education (18+ years)

Name of Establishment	Dates Attended	Exam Success/Qualifications
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

List any other training or qualifications you have received (Please use a separate piece of paper if necessary) \_\_\_\_\_

\_\_\_\_\_

What is your employment History and Occupation?

Position \_\_\_\_\_ Length of employment \_\_\_\_\_

Briefly describe what your work entails: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe other past work experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. LANGUAGES**

Please identify the languages you speak and indicate your proficiency:

- 1 = Elementary speaking
- 2 = limited word proficiency
- 3 = minimum professional proficiency
- 4 = full professional proficiency
- 5 = native tongue proficiency
- 6 = mother tongue

English proficiency \_\_\_\_\_ Greek proficiency \_\_\_\_\_

Other languages and proficiency \_\_\_\_\_

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**7. CHRISTIAN & LIFE EXPERIENCE**

Please prayerfully answer the following questions, briefly, on a separate piece of paper (you may print or type) and attach this to your application form.

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

What are you at currently?

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a missions context?

Why are you thinking about YWAM and DTS?

10. How did you hear about Youth With A Mission?
11. What is your reason for applying for this particular DTS?
12. What are your hopes and expectations for yourself during this DTS?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?

*Please Note: Answering YES to the following questions will not automatically exclude you from the DTS. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.*

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism? If so, please explain.
15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending? If so, please explain.
16. Please list anything else you would like us to know about you and your situation.

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**8. GIFTS AND HOBBIES**

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies.

Gifts: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Feel free to also describe some achievements you feel are highlights over your lifetime so far:

\_\_\_\_\_

\_\_\_\_\_

**9. FINANCES** (See separate sheet for financial policy)

All School Fees Are Due And Are Payable Upon Arrival. If You Do Not Have All The Money For Your Fees Please Do Not Come To The School Without The Express Approval Of The School Director.

**10. RELEASE OF LIABILITY**

I/We hereby release YOUTH WITH A MISSION Cyprus, its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**11. CONSENT FOR TREATMENT**

I/We do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**12. COMMITMENT**

I have completed all sections of this application and if accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the program. I understand that the Discipleship Training School consists of both the lecture phase and the field placement phase, and that by completing this application, I am making a commitment to both phases of the school. I confirm that I have read and signed the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made). I therefore undertake to pay all personal expenses during my involvement with YOUTH WITH A MISSION.

Applicant's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**PASSPORT & VISA INFORMATION**

Name as listed on passport \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth – City \_\_\_\_\_

Country \_\_\_\_\_

Citizenship/Nationality \_\_\_\_\_

Passport Number \_\_\_\_\_

Place of Issue \_\_\_\_\_

City – Country \_\_\_\_\_

Date of issue \_\_\_\_\_  
(day/month/year)

Date of expiry \_\_\_\_\_  
(day/month/year)

Please check with the Cyprus embassy in your country if you need a visa to Cyprus. Most western countries don't need a visa but you still need to make sure. On this link you will find the Cyprus embassies. <http://www.mfa.gov.cy/mfa/mfa.nsf/EmbassiesList>

**MEDICAL INSURANCE/COVER IS COMPULSORY.**

We ask that before you arrive for the school, you have purchased adequate travel and health insurance. Please send proof of your cover to the Schools Administrator, at least 3 weeks before you start the school.

**VACCINATION**

Please list your vaccination history:

Type:	Date:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**MEDICAL REPORT**

*Please return with application form:*

**TO THE APPLICANT:**

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other Doctor who has recently looked after you and have him/her complete the last page. *(The Doctor is entitled to charge a fee for this service for which you are responsible).*

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School applied for: \_\_\_\_\_ Starting Date: \_\_\_\_\_

**GENERAL HEALTH**

Is there any reason why you may not be able to walk up to six miles (10 kilometers) in one day?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

Are there any reasons why you may not be able to carry out reasonably strenuous physical work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain (eg back pain, blood pressure, diabetes etc.) \_\_\_\_\_

Are you presently in good health? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

What is your HEIGHT? \_\_\_\_\_ cm

What is your WEIGHT? \_\_\_\_\_ kg

**FOR WOMEN ONLY**

Have you had any problems with pregnancy or menstrual periods? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

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**MEDICAL HISTORY**

Please answer the following questions as fully as possible:

\* List all the **SERIOUS ILLNESSES** and **OPERATIONS** you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month or any illness, which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION	DATE	OUTCOME
_____	_____	_____
_____	_____	_____

\* List any **SERIOUS ILLNESS** in your **FAMILY**:

ILLNESS	FAMILY MEMBER
_____	_____
_____	_____
_____	_____

Describe any **CURRENT MEDICAL PROBLEMS** for which you are receiving treatment, or which may affect your health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any **MEDICATION** which you take, either on a regular basis, or only when needed:

\_\_\_\_\_

\_\_\_\_\_

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (e.g. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

\_\_\_\_\_

\_\_\_\_\_

Is there any other information, which will be helpful for us to know as we consider your application? \_\_\_\_\_

\_\_\_\_\_

**APPLICANTS RELEASE OF MEDICAL INFORMATION**

I \_\_\_\_\_ (applicant's name), give permission for the release of the relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signed \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yy)

**MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR**  
**WHO HOLDS YOUR MEDICAL RECORDS**

Name of applicant: \_\_\_\_\_

Would you please verify the medical history as supplied by the applicant and make any additions or comments as appropriate. The purpose of this report is to assess suitability for training that may involve work in remote, primitive and challenging situations around the world.

Please make any comments or additions on;

\* PAST HISTORY \_\_\_\_\_

\* RELEVANT FAMILY HISTORY \_\_\_\_\_

\* CURRENT MEDICATION \_\_\_\_\_

\* WEIGHT and GENERAL FITNESS \_\_\_\_\_

\* GENERAL HEALTH Please give details if the applicant has had any problems with:  
epilepsy / fits anaemia / blood disorders / hypertension / heart disease / endocrine disorders / psychiatric problems - including depression, anxiety & eating disorders / adverse reactions to stressful situations

\_\_\_\_\_  
\_\_\_\_\_

Is the applicant free from INFECTIOUS DISEASES? \_\_\_\_\_

Has the applicant had any ALLERGIC REACTIONS? \_\_\_\_\_

Is there any other RELEVANT INFORMATION which we need to know before accepting the applicant? \_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address (or practice stamp) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return with application form to YWAM Cyprus

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**FINANCIAL POLICY**

The Discipleship Training School (DTS) is part of a community that lives by faith. No member of YWAM receives salary and each one has personal faith goals, which they are trusting God to provide for every year. Your faith goal is the DTS fee. God's provision of your fees should be considered a seal of God's approval and indication of His will for you to attend the school.

Your fees cover the cost of student registration with the University of the Nations, tuition, board and lodging. A separate outreach fee will cover travel on the outreach, most other basic costs, but will not cover the cost of any vaccinations or visas that may be required.

Before we can fully accept you for the DTS, you must either have all of your fees or know where the money is coming from (e.g. your church or family have pledged to provide for your fees, or you will be working before the DTS and you know that your income will cover the fees). We will not be able to give you a full acceptance if this is not the case, unless your circumstances are exceptional. Please therefore communicate with us throughout the application process.

**DEPOSIT:** If your application is approved, we will send you a letter of approval. You will then need to send us 100 CYP in order to secure your place in a room. This deposit is included in the total tuition fee and is non-refundable.

**COSTS OF THE DTS**

Lecture phase fee 1250 CYP

Outreach phase fee (800 – 1200 CYP) *(depending on location)*

In addition, if you want to stay some extra days before or after the school, please communicate with us for price and availability.

Payment of the school fees may be made in the following ways: Bank transferee, Cash and Cheques

To help us support you in prayer as you prepare for your school, we would ask that you complete the following questions.

1. \_\_\_\_\_ is what I already have towards my school fees at this time.
  2. \_\_\_\_\_ is what my church/family/friends/others have pledged towards my fees.
  3. \_\_\_\_\_ is what I still need for my fees.
  4. How do you plan to raise any amount that you still need? \_\_\_\_\_
- 

5. List any financial obligations you presently have and how you plan to fulfil them?
- 

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yy)