

Please, attach a recent photo of yourself here

STUDENT APPLICATION FORM
APPLICANT DETAILS

SCHOOL BEING APPLIED FOR

Start date: Day / Month / Year

Is your Registration fee enclosed? Yes No

PERSONAL INFORMATION

Mr. Mrs. Miss

Surname

First Name

Middle Names

Preferred Name

CONTACT DETAILS
Permanent Address

Permanent Address

Present Address

Present Address

Telephone (include country & area code)

Telephone

Mobile (please print legibly)

Mobile

Fax (include country & area code)

Fax

E-mail address (please print legibly)

E-mail address

Date of Birth

Day / Month / Year

Age

Age

Gender: Male Female

Marital Status:

- Single Engaged
- Married Separated
- Widowed Divorced

Spouse's name (if applicable)

Spouse's name

Date of Birth

Day / Month / Year

Age

Age

Children

Child 1: Name / Day / Month / Year

Child 2: Name / Day / Month / Year

Child 3: Name / Day / Month / Year

Child 4: Name / Day / Month / Year

Please take note that married people **MUST** be accompanied by their spouse and children.

PASSPORT DETAILS

Name as in Passport

Name as in Passport

Country of citizenship

Country of citizenship

Passport number

Passport number

Valid until

Day / Month / Year

EMERGENCY INFORMATION

In case of emergency contact:

Mr. Mrs. Miss

Surname

First Name

Relationship, i.e. Father, Mother, brother, etc.

Telephone (include country & area code)

Cellphone (include country and area code)

E-mail address

HOME CHURCH

Church

Denomination

Pastor's Name

Telephone (include country & area code)

E-mail address:

Address

Address form with multiple lines

STUDENT EMERGENCY INFORMATION

Height Weight Blood Type Rh
 cm Kg Neg Pos

Are you allergic to any drugs?

Yes No

Please, specify:

Form with multiple lines for specifying allergies

CONSENT FOR TREATMENT

In the case of an emergency I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's signature

Dated

Day Month Year / /

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

Name of Parent / Guardian

Signature

Dated

Day Month Year / /

INDEMNITY

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Applicant's signature

Dated

Day Month Year / /

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

Name of Parent / Guardian

Signature

Dated

Day Month Year / /

FINANCIAL POLICY

COSTS FOR TROUBADOUR PERFORMING ARTS SEMINAR

Food, lodging, and tuition are not included in the seminar fee:

YWAMers: R200 (Two hundred Rand).

Non-YWAMers: R300 (Three hundred Rand).

COSTS FOR OUTREACHES:

These costs are separate from the seminar.

PERFORMING ARTS QUESTIONS

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

If you are under 18 years old, do your parents approve of you attending this seminar? Yes No

1. Does your current leader approve of you attending this seminar? Yes No
2. Do you have any health condition that would prevent you from attending this seminar? Yes No
3. Tick the option that best describes your performing skill: Beginner Intermediate Advanced Expert
4. Describe your conversion experience and your present spiritual relationship with the Lord (no more than one page).

5. Why have you applied for this school? Please detail your guidance, confirmations, etc.

6. From the following list tick the words that in your opinion best describe yourself:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> active | <input type="checkbox"/> hard-working | <input type="checkbox"/> courageous |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> self-confident | <input type="checkbox"/> people lover |
| <input type="checkbox"/> nervous | <input type="checkbox"/> excitable | <input type="checkbox"/> humorous |
| <input type="checkbox"/> impatient | <input type="checkbox"/> calm | <input type="checkbox"/> loyal |
| <input type="checkbox"/> moody | <input type="checkbox"/> sensitive | <input type="checkbox"/> ambitious |
| <input type="checkbox"/> imaginative | <input type="checkbox"/> optimistic | <input type="checkbox"/> easy-going |
| <input type="checkbox"/> serious | <input type="checkbox"/> perfectionist | <input type="checkbox"/> introvert |
| <input type="checkbox"/> good-natured | <input type="checkbox"/> depressed | <input type="checkbox"/> extrovert |
| <input type="checkbox"/> quiet | <input type="checkbox"/> submissive | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> likable | <input type="checkbox"/> hurting | <input type="checkbox"/> self-conscious |
| <input type="checkbox"/> fearful | <input type="checkbox"/> sincere | <input type="checkbox"/> insecure |
| <input type="checkbox"/> lonely | <input type="checkbox"/> flexible | <input type="checkbox"/> practical |
| <input type="checkbox"/> persistent | <input type="checkbox"/> organized | <input type="checkbox"/> warm |

7. Have you ever been involved with (Please answer each one separately):

- Drug abuse Alcohol abuse Occult practice Sexual immorality Tobacco (cigarettes)

If YES, please state your present position.

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

Applicant's Signature

Date