Oral Bible Translation (OBT) School

**Application Pack**

This Application Pack contains:

1. **Important Information**
2. **Application Form** – to be filled in by applicant
3. **Consent Forms** – to be filled in by applicant
4. **Personal History Questions** – to be filled in by applicant
5. **DTS or Base Leader Reference Form** – to be filled in by the DTS leader or a YWAM base leader of the applicant.
6. **Spiritual Leader Reference Form** – to be filled in by a Spiritual Leader of the applicant.
7. **Health Form**- to be filled by a Doctor/Physician with knowledge of the applicant

These Forms and the non-refundable Application Fee can be *posted to*:

Oral Bible Translation School Leader

YWAM Arua

P.O. Box 442

Arua, UGANDA

Or *emailed to*:

jvawright@yahoo.com

For any questions about this application pack, or about the school in general, contact:

**jvawright@yahoo.com**

1. Important Information

**School Dates**

Lecture Phase: 11th June to 4th August 2023

Outreach Phase: 5th August to 3rd November 2023

Graduation Day: 4th November 2023

**Application Deadline**

All applications must be submitted by **30th May 2023**.

**Application Process**

When you submit your application form, we will book an appointment for an interview with you. For local students, we will meet you in person on the base. If you live far or in another country, we will arrange for a telephone call or Skype interview.

We will then pray over your application and call or email you with our decision.

**Personal Travel Documents**

All students coming from outside Uganda must have **legal immigration documents** allowing them to stay in Uganda for the duration of the school, such as a valid Ugandan visa, East Africa residence card, Refugee card, etc. Students arriving without legal immigration documents will be sent back to get the proper documents.

Any student hoping to travel outside Uganda for outreach, for example to South Sudan or Central Africa Republic, will be responsible for the cost of obtaining his or her own **travel documents, like passports or Temporary Travel permits.** If you do not have these documents, you will not be able to go on outreach outside of Uganda.

**Fees**

1. **School Fees**:

 **Category C:** $600 (2,160,000/= UGX)

 **Category B:** $1,000 USD

**Category A:** $2,500 USD

2. Students who are **planning to bring children** with them will be expected to contribute to the **feeding of the children**, as well as the **cost of hiring a babysitter** during lecture times. Children aged 3-12 years pay 10,000 /= UGX per month for food. Families will contribute **60,000 /= UGX per child** for the babysitter for the 3 months of the lecture phase.

3. As a **minimum**:

1. 50% of the lecture phase fees must be paid immediately upon arrival for the school.
2. The complete balance of lecture phase fees plus 50% of the outreach fees must be paid prior to departure for outreach.
3. The full balance of fees must be paid prior to graduation.

Failure to meet these may result in not being able to continue with the school.

2. Application Form

Please write clearly and use a separate sheet of paper if space is not enough. Please note that husbands and wives are required to fill separate forms, with separate references. If there is a question that doesn’t apply to you, for example, “Spouse’s Name” and you are not married, please put a line or write n/a.

**Date of Application:**

**Personal Information**

Please attach a recent passport photo.

*(Please fill in names AS THEY APPEAR IN PASSPORT/ ID)*

First Name:

Middle Names:

Last Name:

Preferred Name:

Date of Birth: Age:

Sex:

Country of Birth:

Country of Residence:

Passport Number:

Expiry Date:

Telephone:

Email:

**Family Information**

Marital Status:

*(Please tick which applies)*

[ ] Single [ ] Married [ ] Separate[ ] Divorced [ ] Widowed

Spouse’s Name:

*(As it appears in passport/ID)*

Is your spouse also applying for the school?

[ ] Yes

[ ] No- please explain why not, and if they will be accompanying you.

Do you have children whom you are planning to bring with you to the school?

*(Please tick which applies)*

[ ] No

[ ] Yes- please list names and ages

|  |  |
| --- | --- |
| Name of Child: | Age of Child: |
|  |  |
|  |  |
|  |  |

**Emergency Contact**

Name:

Relationship:

Telephone:

Email:

**Home Church Information**

Church Name:
Denomination:

Senior Pastor's Name:

Senior Pastor's Telephone:

Senior Pastor's Email:

**References**

**1.)** Pastor’s Name:

Telephone:
Email:

**2.)**Employer/Teacher/Leader’s Name:

Telephone:
Email:

**Financial Information**

Do you have your complete school fees?

[ ] Yes

[ ] No- Please explain from what source do you expect them to come from?

Do you have any outstanding debts?

[ ] Yes- Please explain

[ ] No

**Skills and Training**

Which languages do you speak?

Can you hear and speak at least basic English?

*(Please tick which applies)*

[ ] Yes

[ ] No- Please Explain.

**Education**

Have you completed Secondary/High School?

[ ] Yes

[ ] No- Please write level/grade you reached.

Have you done any Further Education such as Diplomas, Courses, Degree/Masters/PhD?

[ ] No

[ ] Yes- Please list below

**Employment and Ministry Experience**

Have you had any paid employment in the past?

[ ] No

[ ] Yes- Please list below

|  |  |  |
| --- | --- | --- |
| Job Description | Name of Company | Date Started and Date Completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Have you been involved in any volunteer work or ministry in the past?

[ ] No

[ ] Yes- Please list below

|  |  |  |
| --- | --- | --- |
| Ministry/Volunteer Description | Name of Organisation/Church | Date Started and Date Completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Skills and Talents**

Do you have any skills or talents that you would like us to know about?

*(For example, music, sports, art, carpentry, computer tech, etc.)*

[ ] No

[ ] Yes- Please list below.

3. Consent Forms

**Burial Statement**

In case of my death during my course of involvement with the Family Ministries School at YWAM Arua, I wish that my next of kin be advised as soon as possible, and that their wishes regarding the funeral and disposal of my body be complied with, so long as my next of kin places YWAM Arua in sufficient finds to carry out those wishes. If YWAM Arua is unable to contact my next of kin, or my next of kin are unable or unwilling to give directions as to the funeral and disposal of my body, and come to a satisfactory agreement with regard to the payment of related costs, within reasonable time, then I direct YWAM Arua at its sole discretion to make arrangements for the funeral and disposal of my body, including burial in a foreign country, at the expense of my estate.

Applicant’s Signature: Date:

**Waiver and Release of Liability**

I release YWAM Arua, including all staff and volunteer assistants, from any liability arising out of injury, damage or loss which may be caused by myself during the course of my involvement with the Family Ministries School at YWAM Arua.

Applicant’s Signature: Date:

**Consent for Treatment**

In the event of an emergency in which I am rendered unconscious and my nearest relatives or guardian cannot be contacted, I hereby agree to such treatment, anaesthetics, and operations to be administered or performed upon myself as deemed necessary in the opinion of attending physicians.

Applicant’s Signature: Date:

**Acknowledgement of Financial Responsibility**

I understand that full payment of the school fees must be made before the dates specified on page 3 of this form, unless otherwise approved beforehand by the School Leader. I agree to pay in a timely manner, before the completion of the school, all personal expenses incurred during my involvement with the Family Ministries School at YWAM Arua. If I am accepted as a student on the Family Ministries School at YWAM Arua, I will abide by the Spirit, rules and schedule of the school.

Applicant’s Signature: Date:

**Declaration**

I declare that all information that I have supplied in my application form is true, accurate and complete to the best of my knowledge.

Applicant’s Signature: Date:

4. Personal History Questions

Thank you for applying to be a student on the Oral Bible Translation School at YWAM Arua, Uganda.

For the Personal History Questions, we ask that you answer honestly and in detail. We are not looking for right answers, we are looking for YOUR answers. God made us all different, with different strengths and weaknesses, different gifts and abilities, and different pasts and families. We want to learn about you through these questions, and see how you can fit in our school and in what areas we might need to help you and support you. So please feel free, we are not judging you, we want to get to know you!

1. Briefly describe how the Lord has led you to apply for this school.
2. Please describe your business, professional, counselling, missions, or other significant training and experience.
3. What other University of the Nations Schools/courses have you completed? Please give details of locations & dates.
4. Please describe your spiritual and/or ministry goals, including missionary service goals. How do you feel the Oral Bible Translation School can help you achieve these goals?
5. Do you have a desire or calling to reach a particular nation, people group, language or sphere of society (e.g. family, media, education, politics, business, arts, etc.)? Please explain.

5. DTS/Base Leader Reference Form

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME MIDDLE NAME LAST NAME

Course Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, the above named applicant, WAIVE any right to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear DTS/Base Leader,**

The above applicant has applied for the Oral Bible Translation School at YWAM Arua. Students complete a 8-week Lecture Phase followed by a 12-week Outreach.

We would like to hear your assessment of the applicants’ capabilities, and also whether you recommend the applicant. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance.

**Questions**

Name of DTS/Base Leader:

Position/role:

Telephone number:

E-mail address:

How well do you know the applicant? ⎕ Very well ⎕ Well ⎕ Not very well

I have known the applicant for years \_\_\_\_\_ months.

1. In your opinion, what are the applicant's strong points? (Include special abilities)

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

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2. What are the applicant’s areas of weakness?

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3. Does he/she display high moral standards? ⎕ Yes ⎕ No - please explain

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

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4. With reference to his/her Christian service, do you consider the applicant to be:

⎕ Dedicated ⎕ Average ⎕ Casual

Please explain:

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

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5. Which of the following would best describe the applicant's Christian experience?

⎕ Mature ⎕ Genuine and growing ⎕ Over-emotional ⎕ Superficial

Please explain:

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

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

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

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7. In your opinion, what are the applicant's motives for applying to do the school?

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

8. What could YWAM do to aid the applicant's personal development?

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

9. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to them.

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

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10. Do you support the applicant in their application? ⎕ Yes ⎕ No- please explain

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

Would you like to receive more information about YWAM Arua? ⎕ Yes ⎕ No

**Please post or email all forms immediately to:**

Oral Bible Translation School Leader

YWAM Arua

P.O. Box 442

Arua, UGANDA

**Email**: jvawright@yahoo.com

6. Spiritual Leader Reference Form

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME MIDDLE NAME LAST NAME

Course Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, the above named applicant, WAIVE any right to read or obtain copies of this recommendation, knowing that this waiver is NOT required as a condition for admission.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Spiritual Leader,**

The above applicant has applied for the Oral Bible Translation School at Youth With A Mission (YWAM) Arua. Students complete a 8-week Lecture Phase followed by a 12-week.

We would like to hear your assessment of the applicants’ capabilities, and also whether you recommend the applicant. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance.

**Questions**

Name of Spiritual Leader:

Position:

Telephone number:

E-mail address:

How well do you know the applicant? ⎕ Very well ⎕ Well ⎕ Not very well

I have known the applicant for years \_\_\_\_\_ months.

What is your relationship to the applicant? (ie. Pastor, Youth Leader etc)

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

1. In your opinion, what are the applicant's strong points? (Include special abilities)

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2. What are the applicant’s areas of weakness?

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

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3. Does he/she display high moral standards? ⎕ Yes ⎕ No - please explain

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

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4. With reference to his/her Christian service, do you consider the applicant to be:

⎕ Dedicated ⎕ Average ⎕ Casual

Please explain:

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

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5. Which of the following would best describe the applicant's Christian experience?

⎕ Mature ⎕ Genuine and growing ⎕ Over-emotional ⎕ Superficial

Please explain:

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

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

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

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7. In your opinion, what are the applicant's motives for applying to do the school?

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

8. What could YWAM do to aid the applicant's personal development?

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

9. Please add any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to them.

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

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10. Do you support the applicant in their application? ⎕ Yes ⎕ No- please explain

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

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

Would you like to receive more information about YWAM Arua? ⎕ Yes ⎕ No

**Please post or email all forms immediately to:**

Oral Bible Translation School Leader

YWAM Arua

P.O. Box 442

Arua, UGANDA

**Email**: jvawright@yahoo.com

7. Health Form

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME MIDDLE NAME LAST NAME

Course Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

StartDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please give this form to a Physician to complete, then return it together with your application.*

*The applicant is NOT to fill out anything below this line.*

**To the Physician,**

The above applicant has applied for a 5-month missionary training program with Youth With A Mission Arua in Uganda. Please fill out the form below and make any additional comments necessary.

Thank you.

Hearing (left ear): Vision (left eye):

Hearing (right ear): Vision (right eye):

**Immunization History** please tick whether the applicant has had the following immunizations:

Typhoid: \_\_\_\_\_\_\_ Hepatitis A: \_\_\_\_\_\_\_ Yellow Fever:\_\_\_\_\_\_\_

Polio: \_\_\_\_\_\_\_ Hepatitis B: \_\_\_\_\_\_\_ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles: \_\_\_\_\_\_\_ Hepatitis C: \_\_\_\_\_\_\_

1. Is the applicant currently under a doctor’s care?

 [ ] No [ ] Yes- please explain

2. Is the applicant currently taking any medication?

 [ ]No [ ] Yes- please explain

3. Is the applicant allergic to any medication?

 [ ] No [ ] Yes- please explain

4. Has the applicant had any major surgeries or illnesses in the past 12 months?

[ ] No [ ] Yes - please explain

5. Please describe any medical or physical needs that will be necessary to meet during the 5 month training program.

**Recommendation**

6. Any medical concerns regarding the applicant please list below:

*STAMP*

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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