



YOUTH WITH A MISSION

Campus Ministry Tanzania

P.O.BOX 8402 DAR ES SALAAM

E-mail: udts@ywamcampusministrytz.org

+255 711 314753/+255 711 314754



UNIVERSITY DISCIPLESHIP TRAINING SCHOOL (UDTS)

APPLICATION FORM

Dear prospective student

Thank you for showing interest in applying for University Discipleship Training School (UDTS) of the University of Nations (UofN), YWAM Campus ministry, Tanzania. Please ensure you apply early and processing of your application will commence only once we have received all of the following:

- ❖ **Application form:** Each individual must fill out their own application form completely. Incomplete application will not be processed.
- ❖ **Two recent passport photographs.** Attach these to your application form.
- ❖ **Personal history questions in separate sheet.**
- ❖ **Health form:** Completed by a physician.
- ❖ **Reference forms:** Two separate reference forms must be filled out and submitted by your
 1. Your pastor (**Page 8 &9**)
 2. A spiritual leader or close, honest friend (**Page 10 &11**).
- ❖ These reference forms are confidential and must therefore be sent directly to us by those who have filled them out, through (udts@ywamcampusministrytz.org). Please ensure that this people (your referees) know your application will be on hold until your completed reference forms are received.
- ❖ **UDTS School Fees**

Fees vary based on the per capital income of the student's citizenship. They cover six months per person and include food, accommodation, lectures and outreach
- ❖ School fee for Tanzanian-**Tsh 600,000/=** You can pay fees by intervals within six months.

WE SEEK TO KNOW GOD AND TO MAKE HIM KNOWN



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UDTS PERSONAL HISTORY QUESTIONS

Please answer the following question on a separate piece of paper as fully as possible.

YOUR HISTORY WITH GOD

- ① What is your family's religious background?
- ② Please describe in some detail your experiences with God. (Your circumstances before becoming a Christian, your conversion experience, your testimony of how God has been at work in you since that time).
- ③ Summarize your relationship with God at present.
- ④ If you have any, what are your dreams and vision with God?
- ⑤ Describe your involvement within your local Christian scene. Describe any cross-cultural mission experiences you have had.
- ⑥ Please describe your relationship with local church. How does your church leadership feel about you doing a UDTS?

ABOUT YOU

- ⑦ How do you describe your motivations and gifts? Are there any skills or talents that you are working to develop at present at present? (i.e. music, sports, art, language etc.)
- ⑧ Please describe any leadership experience you have had.
- ⑨ In terms of relationship is there anything in the past or present that you are concerned about and would you like make us aware of?
- ⑩ What language do you speak? How fluently?
- ⑪ Have you ever engaged in drug or alcohol abuse, pornography, or sexual immorality? Please explain.
- ⑫ Do you smoke?
- ⑬ Have you had any involvement in the occult? Please explain.
- ⑭ In describing yourself, what would you say are your strengths and weakness? What areas of your character are you presently seeking to further develop and improve?

YOU AND YOUR FAMILY

- ⑮ Is there anything about your family relationships that you would like us to be aware of? Please describe your relationship with your family.
- ⑯ How are your family members responding to you doing a UDTS?

YOU AND UDTS

- ⑰ Why do you wish to do a UDTS?
- ⑱ How did you first hear of YWAM Campus Ministry? What reasons most influenced your decision to apply UDTS?
- ⑲ What expectations do you have for this course? What do you want to see happen in your life during UDTS?
- ⑳ How do you see this UDTS facilitating your life after the school? Where do you want to see God taking you in the next 3-5 years?



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Attach 2
recent
photographs

Starting date of school: _____
(Month/year)

Date of application: _____
(Month/year)

PERSONAL INFORMATION

Legal name: _____
(First) (Middle) (Surname) (Preferred name)

Permanent mailing address: P.O.Box _____ country: _____

Phone: _____ E-mail: _____

Any other address: _____

Sex: ☐ Male ☐ Female

Age _____ date of birth: _____ place of birth: _____
(D/M/Y) (City) (Country)

Marital status: ☐ Single ☐ Engaged ☐ Married (Date: _____) ☐ Separate (Date: _____)
☐ Divorced (Date: _____) ☐ Remarried (Date: _____) ☐ Widowed (Date: _____).

Spouses Name: _____
Family/last first middle preferred name

Age _____ Date of birth: _____ Place of birth: _____
(Day/month/year) (City) (Country)

Will your spouse be accompanying you? Yes _____ No _____ **Dependants:** Names of children accompanying you:

(Last/family)	(first name)	(Middle name)	Birth Date(d/m/y)	Sex	School Grade

PASSPORT AND VISA INFORMATION

Country of citizenship _____ Passport number: _____ Name as listed on passport _____

Family/last first Middle preferred name

Place of issue _____ Passport expire date _____

Have you ever been refused a visa? No _____ Yes _____ (please give nations and brief details)

HOME CHURCH INFORMATION

Home church _____ Denomination _____
Pastors name _____ length of attendance _____

Permanent mailing address: P.O.Box _____

E-mail _____ Phone: _____

Is your pastor or church in favour applying for this programme? ☐ yes ☐ No

EDUCATION, OCCUPATION EXPERIENCE AND OTHER SKILLS

I completed ☐ High school/secondary school ☐ Equivalent of high school/secondary school

Name of institutions	Date of attendance
	From: to:
	From: to:
	From: to:
	From: to:
	From: to:

Have you acquired any degree or major? ☐ No ☐ yes Type _____ List any significance job/occupational experience you have had:

Position	Dates position was held
	From: to:
	From: to:
	From: to:

Other skills, talents or special interest _____

Type of driving licence ☐ none ☐ Car ☐ large truck ☐ Public ☐ Bus

First/native language _____

Other language

Level of ability

_____ ☐ fluent ☐ conversational ☐ Rudimentary

_____ ☐ fluent ☐ conversational ☐ Rudimentary

YWAM/ U OF N/ MISSION BACKGROUND INFORMATION

List any previous YWAM/ University of nations (U of N) experience or schools:

School experience/position	Location	Leader(s)	Date

HEALTH INFORMATION

Do you have medical insurance? Yes _____ (include a photocopy of your policy) No _____

Medical insurance company _____ Policy number: _____

Medical insurance is highly recommended, but not a requirement. Please make sure that your insurance, if you have any, will cover you for your time here with us in YWAM Campus Ministry Tanzania (Dar es salaam).

Would you consider yourself to be in good health? ☐ Yes ☐ No, Explain _____

Height _____ weight _____

Have you ever had, or do you have, any of the following?

(Please tick to indicate a YES and, if so, supply details on a separate sheet of paper. If your answer is NO leave it blank).

Back problems	Asthma	Diabetes
Eye trouble	Allergies	Cancer
Ear trouble	Heart trouble	HIV/AIDS
Migraines	High blood pressure	Depression
Epilepsy	Low blood pressure	Chronic fatigue
Mental/nervous disorder	Rheumatism/arthritis	Auto immune condition
Insomnia	Stomach ulcer	
Shortness of breath	Hepatitis	

Any other illness or conditions we should know of? _____

Are you at present under a doctor's care? ☐ Yes ☐ No (Specify) _____

Are you taking any medication at present? ☐ Yes ☐ No (Specify) _____

Are you allergic to any drugs? ☐ Yes ☐ No (Specify) _____

Do you have any impairment, handicaps, or health condition which require special attention, housing or dietary needs? ☐ Yes ☐ No (Specify) _____

Are you underweight? ☐ Yes ☐ No overweight? ☐ Yes ☐ No ☐ if so by how much _____

CONSENT FOR TREATMENT

In case of emergence. I hereby agree to the performance of such treatment, including anaesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant signature _____ Date: _____

Parents or Guardians signature (*required if applicant is under 18 years old*) _____

EMERGENCY INFORMATION

In case of emergence please contact: _____

Permanent mailing address: _____

Phone number: _____ E-mail: _____

Relationship: _____

FINANCIAL INFORMATION

Do you have your complete school fees? [] Yes [] No

If not, from what source they will come? _____

Do you currently have any outstanding debts or financial obligations? [] Yes [] No

If yes please explain _____

ACKNOWLEDGMENT OF RESPONSIBILITY

I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the school leader. Further, I agree to pay, prior to the completion of the school, all expenses incurred during my involvement with Youth with a Missions and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.

Applicant signature _____ Date: _____

RELEASE OF LIABILITY

I hereby release University of the Nations, and the Youth with A Missions, its staff, agents, and volunteer assistants from any liability whatsoever arising out of injury, theft, damage, disabilities or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with University of the Nations.

Applicant signature _____ Date: _____
(Day/mo/yr)

Parents or Guardians signature (*required if applicant is under 18 years old*) _____

I certify that all information in this application is complete and accurate

Applicant signature _____ Date: _____

Please scan and send all forms to Youth With A Mission Campus Ministry Tanzania (Dar es Salaam)

E-mail: udts@ywamcampusministrytz.org

OR

Submit physically hardcopy to YWAM Campus Ministry (Makongo Juu-Dar es salaam).



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TO BE FILLED IN BY A QUALIFIED PHYSICIAN/MEDICAL DOCTOR

This information is treated confidentially and separate from your academic records. When you fill in your name give this form to a physician to examine you, fill in the form and sign it.

Students name _____

Family/last

first

Middle

Please make any comments or addition on:

- ① Past medical history _____
- ② Relevant family history _____
- ③ Current medication _____

④ Height _____ weight (in Kg) _____

⑤ In your opinion the applicant presently in good health? [] Yes [] No.

If No, please specify _____

⑥ Please give details if the applicant has had a problem with:

- a. Epilepsy or fits b. Anaemia c. Hypertension or heart disease
- d. Psychiatric problems e. Adverse reaction to stressful situations

⑦ Is the applicant free from **INFECTIOUS DISEASES**? [] Yes [] No

If No (Specify) _____

⑧ Has the applicant has any **ALLERGIC REACTION**? [] Yes [] No

If Yes please (Specify) _____

⑨ Is there any other **RELEVANT INFORMATION**, which we need to know before accepting the applicant?

[] Yes [] No

If yes, please specify _____

Doctor's name: _____

Phone: _____

Address: _____

Doctors Signature: _____

Practice stamp:

Date: _____

Day/month/year

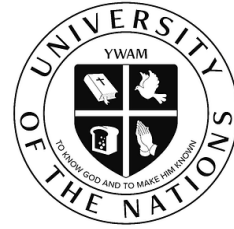


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CONFIDENTIAL REFERENCE FORM (PASTOR)

Fill in your name and school applied for, with signature and send it to a suitable referee with a stamped envelope addressed to: YWAM Campus Ministry Tanzania, P.Box 8402 Dar es salaam or send scanned documents to Email: udts@ywamcampusministrytz.org or submit physically hardcopies to YWAM Campus Ministry Tanzania (Makongo Juu-Dar es salaam).

Name of Applicant: _____

School applied for: _____

I, the above named applicant, waive any right I have to read or obtain copies of his recommendations. I realise that my signature below is NOT required as condition for admission.

Signature: _____ Day, _____ Month, _____ Year, _____

The above applicant has applied for admission to Youth With A Mission Campus Ministry, University Discipleship Training School (UDTS). YWAM is international and interdenominational Christian missionary organisation. Founded in 1960, now has training locations in over 150 nations on six continents. Its purpose is to equip men and women spiritually, intellectually, culturally, professionally and inspiring them to use their God given abilities to communicate and demonstrate the gospel to all nations.

Serious consideration will be given to your comments; Therefore we ask that you complete this form carefully. Your prompt attention in returning this form is important. Thank you for your assistance. Please check and comment where necessary.

How well do you know the applicant? [☐] Very well [☐] Well [☐] Casually

	Above average	Average	Below average		Above average	Average	Below average
Initiative				Industry/hard worker			
Social adaptability				Reliability/meets obligations			
Concern for others				Cooperativeness			
Ability to follow				Flexibility			
Leadership				Punctuality			
Judgemental/decision making				Financial responsibility			
Emotional stability				Personal appearance			
Health				Positive attitude			
Response to pressure				Cleanliness			
Mental ability				Stewardship			

Comments:

1. To which extent is applicant active in church work _____
2. Is the applicant prejudiced against any groups, races or nationalities? [☐] No [☐]
If Yes explain _____
3. Does the applicant display high moral standards? [☐] Yes [☐] No
(If no, please explain) _____
4. In your consideration which of the following would best describe the applicants Christian experience?
[☐] Mature [☐] Contagious [☐] Genuine and Growing [☐] Over emotional [☐] Casual
5. Overall what would you consider to be the applicant strong points (please include any special abilities that you may be aware of)? _____
6. What do you see as one of the applicant weak point? _____
7. Is the applicant to your knowledge aware of their weak points and are they striving to improve in this area _____
8. Please comment on the applicant family background _____
9. Does the applicant to your knowledge in relation to any of the following areas: medical, emotional, psychological, smoking, drugs, alcohol, and pornography? (Feel free to also comment on any other areas you feel we should know about) _____
10. In your opinion what are the applicant's motives for applying to Youth With A Mission? _____
11. What could YWAM do to help the applicant's personal development? _____
12. **Pastors only:** is your congregation/group standing behind the applicant with enthusiasm and prayer? _____
13. Would you recommend the applicant for acceptance? [☐] Yes, wholeheartedly [☐] Yes, with reservation
[☐] No. comment _____

I certify that all information on this reference forms is accurate to the best of my knowledge and judgemental:

Signature: _____ Date: Day, _____ Month, _____ Year, _____

Name: _____ Position: _____

Permanent address: _____

E-mail: _____ Phone: _____

Please scan and send all forms to Youth With A Mission Campus Ministry Tanzania

(Dar es Salaam)

E-mail: udts@ywamcampusministrytz.org

**Contact: +255 711 314753 (WhatsApp)
+255 711 314754**

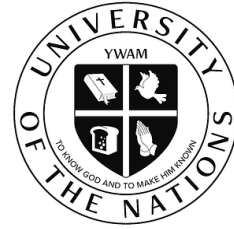


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CONFIDENTIAL REFERENCE FORM (Close friend)

Fill in your name and school applied for, with signature and send it to a suitable referee with a stamped envelope addressed to: YWAM Campus Ministry Tanzania, P.Box 8402 Dar es salaam or send scanned documents to Email: udts@ywamcampusministrytz.org or submit physically hardcopies to YWAM Campus Ministry Tanzania (Makongo Juu-Dar es salaam.

Name of Applicant: _____

School applied for: _____

I, the above named applicant, waive any right I have to read or obtain copies of his recommendations. I realise that my signature below is NOT required as condition for admission.

Signature: _____ Day, _____ Month, _____ Year, _____

The above applicant has applied for admission to Youth With A Mission Campus Ministry, University Discipleship Training School (UDTS). YWAM is international and interdenominational Christian missionary organisation. Founded in 1960, now has training locations in over 150 nations on six continents. Its purpose is to equip men and women spiritually, intellectually, culturally, professionally and inspiring them to use their God given abilities to communicate and demonstrate the gospel to all nations.

Serious consideration will be given to your comments; Therefore we ask that you complete this form carefully. Your prompt attention in returning this form is important. Thank you for your assistance. Please check and comment where necessary.

How well do you know the applicant? ☐ Very well ☐ Well ☐ Casually

What is your relationship to the applicant? ☐ Employer ☐ Teacher ☐ Pastor ☐ Friend

☐ Previous YWAM leader

	Above average	Average	Below average		Above average	Average	Below average
Initiative				Industry/hard worker			
Social adaptability				Reliability/meets obligations			
Concern for others				Cooperativeness			
Ability to follow				Flexibility			
Leadership				Punctuality			
Judgemental/decision making				Financial responsibility			
Emotional stability				Personal appearance			
Health				Positive attitude			
Response to pressure				Cleanliness			
Mental ability				Stewardship			

Comments:

- 1 To which extent is applicant active in church work _____
- 2 Is the applicant prejudiced against any groups, races or nationalities? [] No []
If Yes explain _____
- 3 Does the applicant display high moral standards? [] Yes [] No
(If no, please explain) _____
- 4 In your consideration which of the following would best describe the applicants Christian experience?
[] Mature [] Contagious [] Genuine and Growing [] Over emotional [] Casual
- 5 Overall, what would you consider to be the applicant strong points (please include any special abilities that you may be aware of)? _____
- 6 What do you see as one of the applicant weak point? _____
- 7 Is the applicant to your knowledge aware of their weak points and are they striving to improve in this area _____
- 8 Please comment on the applicant family background _____
- 9 Does the applicant to your knowledge in relation to any of the following areas: medical, emotional, psychological, smoking, drugs, alcohol, and pornography? (Feel free to also comment on any other areas you feel we should know about) _____
- 10 In your opinion what are the applicant's motives for applying to Youth With A Mission? _____
- 11 What could YWAM do to help the applicant's personal development? _____
- 12 **Pastors only:** is your congregation/group standing behind the applicant with enthusiasm and prayer? _____
- 13 Would you recommend the applicant for acceptance? [] Yes, wholeheartedly [] Yes, with reservation
[] No. comment _____

I certify that all information on this reference forms is accurate to the best of my knowledge and judgemental:

Signature: _____ Date: Day, _____ Month, _____ Year, _____

Name: _____ Position: _____

Permanent address: _____

E-mail: _____ Phone: _____

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