



APPLICATION FOR  
SECOND LEVEL SCHOOLS

YOUTH WITH A MISSION  
COOK ISLANDS

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:

Start Date:

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

If YES please state:  
Year  Location

Leader

2. Your Name (in full for visa purposes)

Mr  Mrs  Miss  Ms

Surname

First Name

Middle Names

Preferred Name

3. Personal Details

Date of Birth  Age

Country of Birth

Sex Male  Female

Marital Status  
 Single  Engaged  Married  
 Separated  Widowed  Divorced

Spouse's Name (if applicable)

Predominant Ethnic Background (e.g. European, Maori, Samoan, Chinese, Korean)

4. Contact Details

Permanent Address (include country & postcode)

Present Address (include country & postcode)

Telephone (include country & area code)

Fax (Important – for sending visa instructions)

Email

### 5. Passport Details

What is your Country of Citizenship?

Passport Number

Date of Expiry

DAY	MONTH	YEAR
/	/	

Type of Cook Island Visa (if you currently have one)

Date of Visa Expiry

DAY	MONTH	YEAR
/	/	

### 6. Children

How many children are accompanying you?

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

Child 1 (Name)

Date of Birth

DAY	MONTH	YEAR
/	/	

Passport Number

Date of Expiry

DAY	MONTH	YEAR
/	/	

Child 2 (Name)

Date of Birth

DAY	MONTH	YEAR
/	/	

Passport Number

Date of Expiry

DAY	MONTH	YEAR
/	/	

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

### 7. 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

List total number of years of primary and secondary schooling

### 8 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

### 9. Skills

Languages Spoken

Musical Ability & Talents

Current Occupation and Additional Skills

### 10. Emergency Contact

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

Mr  Mrs  Miss  Ms

Surname

First Name

Relationship (i.e. Father, Mother, Sister etc.)

Address (include country & postcode)

  
  

Contact Telephone Number (include country & area code)

Home

Work

Fax

Email

### 11. Home Church Information

Name of Church

Pastor's Name

Address

  
  

Telephone Number (include country & area code)

Fax

Email

### 12. English Proficiency

**Please answer of your native language is NOT English UNLESS you have already completed a school at YWAM Cook Islands**

All courses conducted at Youth With A Mission Cook Islands are in English. You will require a sufficient standard of oral and written English proficiency in order to benefit from the training you undertake.

What is your native language?

(a) Personal Evaluation of English Proficiency:  
Please circle your ability in the following skills:

(1= unintelligible and 6 = 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 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 you English proficiency is not at an adequate level, you may wish to apply to our English for Missions course**

### 13. Acknowledgement of Financial Responsibility

I confirm that I understand payment of the required school tuition and feed 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

DAY	MONTH	YEAR
/	/	

### 14. 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 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

DAY	MONTH	YEAR
/	/	

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

Name of Parent/Guardian

Signed

Dated

DAY	MONTH	YEAR
/	/	

### 15. 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

DAY	MONTH	YEAR
/	/	

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

Name of Parent/Guardian

Signed

Dated

DAY	MONTH	YEAR
/	/	

### 16. Declaration

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

Signed

Dated

DAY	MONTH	YEAR
/	/	



Youth With A Mission Cook Islands  
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