



DTS APPLICATION

Guide to Complete Application

All the questions on the forms must be completed, if a question does not apply to you, write N/A in the space provided. Tick where applicable in the boxes provided.

Husbands and wives must complete separate applications.

Your checklist:

1. Application Form completed - please use black or blue pen, not pencil. Please attach 1 current passport sized photo to the front of the application page.
2. Registration Fee - A non-refundable Application Fee of \$NZD40—singles, \$NZD70—families/couples is to be sent with your application. Your application cannot be processed without it.
3. Personal History - Please prayerfully and concisely answer the following questions on a separate sheet of paper and attach it to your application form.
 - a. Describe fully your conversion experience, how you became a Christian and your current relationship with the Lord.
 - b. Describe the relationships within your family.
 - c. Give an outline of your involvement with church and other groups
 - d. Why do you desire to take part in DTS?
 - e. What are some of your goals/plans/desires for your future?
 - f. What plans do you have after the completion of the DTS?
 - g. What particular needs do you have in your life that you see the DTS helping to meet?
 - h. List your particular talents, abilities and skills.
 - i. Do you feel you have a particular ministry? (E.g. worship leading, teaching, street evangelism etc)
 - j. List any health or special limitations in the physical, mental or emotional areas which would assist us.
 - k. List anything else we should know about you and your situation (e.g. unsympathetic parents, past drug/alcohol use)
 - l. What is your Parents and Pastors counsel in regards to undertaking this school?
 - m. Are you engaged? If yes, has your fiancé applied for or completed the same school?
 - n. If you are married with a family, please describe your children.
4. Reference Forms – The references we require are 1. Pastor/Deacon/Elder 2. Friend or Employer. Please provide us the name, details and email address of your referees (see page 4). A confidential form will be sent to them, once completed the forms have to be sent to us directly via email by the referee. Please acquire the consent of the persons you intend to nominate as your referees before sending their details to us.
5. Medical Report - Please have this form completed and mail directly to our office. These reports must also be submitted for your children.

Visa Info General

You need a valid Passport to enter the Cook Islands, with at least 1 year validity left on it at the completion of your school. No Identity Papers etc accepted. For stays in the Cook Islands longer than 30 days, a formal application will need to be submitted to local immigration prior to arrival. Some students will have to fill out a medical form and provide Police clearance; this is dependent on your country of residence. Please contact YWAM Cook Islands for further information.

NOTE: There will be a fee of **NZ\$25** for a 6 months visa and a return ticket is a must.

Insurance

We strongly recommend that you have personal healthcare cover while staying in the Cook Islands.

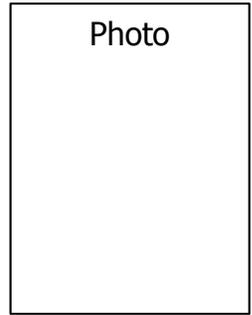


DTS APPLICATION

Personal Information

First Name _____ Middle Name _____ Family Name/ Surname _____

Age _____ Birthday (Day/Month/Year) _____ Birthplace (City/State/Country) _____ Sex _____



Predominant Ethnic Background: e.g. European, Pacific Islander, Asian, American etc:

- English:
- | | |
|---|--|
| <input type="checkbox"/> Elementary speaking | <input type="checkbox"/> Full professional proficiency |
| <input type="checkbox"/> Limited word proficiency | <input type="checkbox"/> Native speaking proficiency |
| <input type="checkbox"/> Minimum professional proficiency | <input type="checkbox"/> Mother tongue |

Other languages and proficiency:

Current Address:

Street/ P.O.Box _____ City _____ Postal Code _____

Country _____ Phone (include country/area code) _____

Email _____

Permanent Address:

(If different from above)

Street/ P.O.Box _____ City _____ Postal Code _____

Country _____ Phone (include country/area code) _____

Marital Status:

- Single In a relationship Separated Divorce Married

Spouse's Name:

First Name _____ Middle Name _____ Family Name/ Surname _____

Age _____ Birthday (Day/Month/Year) _____ Birthplace (City/State/Country) _____

Dependents:

Family Name/ Surname	First	Middle	Birthdate	Sex	School Grade

Will you be accompanied by other dependents? Yes No



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Emergency Information

In case of emergency, contact: _____ Relationship: _____

Name _____

Street/ P.O.Box _____ City _____ Postal Code _____

Country _____ Phone (include country/area code) _____

Email _____

Home Church:

Church Name _____

Street/ P.O.Box _____ City _____ Postal Code _____

Country _____ Phone (include country/area code) _____

Email _____

Weight:	kg	Height:	cm	Blood Type:
	st lbs		ft ins	O/ A/ B/ AB (+ or -)

Are you allergic to any drugs? No Yes (specify)

Any medical history or current conditions of concern?

General Information

What occupational work experience or profession, skills or qualifications do you have?

Educational Background, courses complete etc.?

Do you play any instruments? Yes (specify) No



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Finances

What percentage of the Lecture Phase do you presently have?

What percentage of the Outreach Phase do you presently have?

What plans or resources do you have to meet outstanding fees?

Do you have any current debts? Yes No

If yes, what are your plans to pay these off?

Passport / Visa / Insurance

Full Name as written in Passport:

First Name Middle Name Family Name/ Surname

Passport:

Issue City Issue Country

Number Expiration Date (Day/ Month/ Year)

Country of Citizenship:

Referees Contact Details

1. Pastor/Deacon/Elder:

First Name Middle Name Family Name/ Surname

Church name

Country Phone (include country/area code)

Email

2. Friend/Employer:

First Name Middle Name Family Name/ Surname

Country Phone (include country/area code)

Email



DTS APPLICATION

Statements of Consent, Liability Release and Consent for Burial

Consent for Treatment

"Should a situation arise where I am sick or injured and urgently require medical attention, I give to the Base Director, or his/ her delegate the authority to make any decision concerning my immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician are deemed necessary or until as such time I am able to make decisions for myself.

I declare that the above named shall not be required to contact my next of kin prior to exercising his/ her authority as provided herein.

I declare that I shall not hold Youth With A Mission, Cook Islands, the Base Director or his/ her delegate, liable for any decision made by him/ her for any damage or loss that I sustain as a result of exercising the authority herein granted by me."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD____ MM____ YY____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Liability Release

"I release Youth With A Mission, Cook Islands, it's agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which be sustained by myself during the course of my involvement with Youth With A Mission, Cook Islands."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD____ MM____ YY____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Burial Statement

"In case of my death during the course of my involvement with Youth With A Mission, Cook Islands, I wish that my next of kin be advised as soon as possible and that their wishes with regard to funeral and disposal of my body be complied with so long as my next of kin places Youth With A Mission, Cook Islands in sufficient funds to carry out those wishes. In the case where Youth With A Mission, Cook Islands is unable to contact my next of kin or that my next of kin are unable or unwilling to give directions as to funeral and disposal of my body and come to a satisfactory arrangement with regard to payment of related costs within reasonable time, then I direct that Youth With A Mission, Cook Islands at its sole discretion make arrangements for funeral and disposal (including burial in a foreign country) at the expense of my estate."

Applicants Full Name: _____

Applicants Signature: _____ Date: DD____ MM____ YY____

or Parents Signature: _____
or responsible party if applicant under the age of 18



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Acknowledgement of Financial Responsibility

I understand that the payment of the required school fees must be made on the commencement day of the school, unless otherwise approved in writing by the School Director before my departure for the School.

I further understand that if, for any reason, I should withdraw from the School up until 7 days after the commencement, I will receive a full refund less 10%

I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

If I am accepted by Youth With A Mission, I will abide by the spirit, rules and schedule of this course.

Applicants Signature: _____ Date: DD____ MM____ YY_____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Certify Information

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

Applicants Signature: _____ Date: DD____ MM____ YY_____

or Parents Signature: _____
or responsible party if applicant under the age of 18

Youth With A Mission admits students of any race, colour, national and ethnic origin to all the rights, privileges, programmes and activities generally accorded or made available to students at the school.

Please scan and email this form to: dts@ywamcooks.org

IMPORTANT:

Please bring the original forms with you and hand them in to your school staff on first day of school.

For Our Information

How did you first hear of Youth With A Mission?

How did you first hear of The Cook Islands Base?

What reasons most influenced your decision to apply here to The Cook Islands?
