



## YWAM Singapore – School of Frontier Mission Application Form Guide

(With Effect From 01 May 2011) Every question on the application form must be completed. If it does not apply to you, write N/A (not applicable) in the space provided. Husband & wife enrolling as student must complete separate application form.

1. **APPLICATION FORM (7 PARTS)** Use this form when applying for School of Frontier Missions with YWAM Singapore.
2. **DISCLOSURE OF INFORMATION** Details from this form will be passed on to Institute of the Nations & the University of the Nations (YWAM) for the purpose of recording your achievement. It will not be used for any other purpose or given out to any other organization.
3. **REGISTRATION FEE** (applicable to all, non-refundable) & **PROCESSING FEE** (if applicable, refundable only when course application is rejected) **must be paid together with duly completed SoFM application form.** It can be paid in either option:
  - By bank draft in *Singapore dollars(SGD)*, please make the bank draft payable to **Youth With A Mission Training Centre** or **YWAM Training Centre**  
\*Please indicate the purpose of payment on the back of bank draft.
  - By telegraphic transfer (TT) in *Singapore Dollars (SGD)*, here are the bank details:  
**Bank:** Maybank, Maybank Tower Branch  
**Bank address:** Maybank Tower, 2 Battery Road, Singapore 049907  
**Bank Code:** 7302  
**SWIFT Code:** MBBESGSG  
**A/C Name:** Youth With A Mission Training Centre  
**A/C No:** 0 - 413 -10 - 0181 – 6

\***Processing Fee** of S\$30/- is required to process a Student's Pass (STP) application submitted to Singapore Immigration & Checkpoints Authority (ICA). It is applicable to every foreigner who has been accepted to a Private Education Organization (PEO) in this case YWAM Training Centre. It is non-refundable once a STP application is submitted to ICA, regardless of outcome of the application or if application is withdrawn thereafter.

4. **BANK CHARGE** (if you choose TT option at point 3)
  - Please note that there will be a minimum S\$5/- charge on YWAM Singapore for inward remittance via TT, so you will need to **add S\$5/-** to the amount transferred.
  - In addition, if the foreign bank you used has no direct dealing with May Bank (YWAM designated bank) & has to go through another Singapore Bank to effect the transfer, **additional bank charge (at least S\$20/-)** would be imposed by that intermediary Singapore bank. Hence it will be better to check with your bank about this before doing the transfer.
5. **QUESTIONS** (Part B – additional information) All questions must be answered on separate sheet of paper and submitted together with your duly completed application form.
6. **RELEASES** (Part B - Release of Liability, Consent for Treatment & Burial, Part C - Disclosure of Information Agreement). These releases must be signed for your application to be processed.
7. **PERSONAL REFERENCES** Please detach the part D, E, F for relevant person to complete and request that he / she to mail, fax or email directly to The Registrar.

### YWAM Singapore

Mailing Add: *Geylang P.O. Box 25 Singapore 913801*

Tel: +65-67459700 Fax: +65-67477533

General Enquires for schools: [registrar@ywam.org.sg](mailto:registrar@ywam.org.sg)

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| <p>8. <b>PASSPORT</b> Everyone (Singaporean or foreigner) attending a YWAM Singapore school, should have a valid passport with an expiration date of at least <b>six months</b> <u>beyond</u> the conclusion of the schools</p> <p>9. <b>VISA</b> (for foreign applicant)<br/>It is <u>your</u> responsibility to find out if you need to apply Entry visa to Singapore upon acceptance to any full-time course conducted by YWAM Singapore. <b>DO NOT</b> apply for visa until you receive <b>confirmation of acceptance</b> from YWAM Singapore. <b>DO NOT ASSUME THAT YOU CAN COME ON A TOURIST VISA.</b></p> <p>10. <b>MEDICAL REQUIREMENTS</b><br/>The confidential health form requires <u>both</u> applicant's &amp; his / her physician's completion.</p> <p>11. <b>PHOTOGRAPH FILE</b> Please email a photograph file of you with the following specification to YWAM Singapore:</p> <ul style="list-style-type: none"> <li>- 400x514 pixel</li> <li>- File size less than 60KB</li> <li>- in jpeg format</li> <li>- Color with white background in matt / semi-matt finishing</li> <li>- Taken within the recent 3 months</li> <li>- 5 facial features are clearly shown</li> </ul> <p>12. <b>PLANNING BUDGET</b> Please refer <a href="http://www.ywam.org.sg/sofm_cost.htm">http://www.ywam.org.sg/sofm_cost.htm</a> for more details.</p> <p>13. <b>PHOTOCOPY OF BANK ACCOUNT PARTICULAR PAGE</b><br/>Please attach a copy of your personal bank account particular page to this application. You <u>must</u> make sure that your name indicated as bank account holder is the <b>same</b> as in your passport. This is important to facilitate and expedite any refund process.</p> | <p>14. <b>DUE DATE</b> Duly completed application form, registration fee, processing fee (if applicable), extra attachments and references must reach us <u>latest</u> by:</p> <ul style="list-style-type: none"> <li>• For Foreigners – 2 months before SoFM commencement date.</li> <li>• For Singaporean / Singapore Permanent Resident – 1 month before SoFM commencement date.</li> </ul> <p>15. <b>CORRESPONDENCE</b> Duly completed application form, if any fee paid in bank draft option, extra attachments, references can reach us either following way:</p> <ul style="list-style-type: none"> <li>• By postage mail –<br/>YWAM Singapore<br/>Geylang P.O. Box 25<br/>Singapore 913801<br/>Attn: Registrar (SoFM)</li> <li>• By courier -<br/>YWAM Singapore office<br/>No. 1 Lorong 23 Geylang<br/>Blk 8 HighPoint Social Enterprise<br/>Singapore 388352<br/>*Closed on Public Holidays &amp; weekends.</li> <li>• By fax –<br/>+65 6747 7533<br/>Attn: Registrar (SoFM)<br/>*Please indicate the total no. of pages.</li> <li>• By email –<br/>Scan all documents into <b>pdf</b> format then email to <a href="mailto:registrar@ywam.org.sg">registrar@ywam.org.sg</a></li> </ul> |
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**YWAM Singapore**  
**School of Frontier Missions Application Form**

This application form consists 7 parts:

Part A: General Information.

Part B: Additional Information, Release of Liability, Consent for Treatment & Burial.

Part C: Disclosure of Information Agreement.

Part D: Applicant's Leadership Reference.

Part E: YWAM Leader Reference (If applicable).

Part F: Applicant's Friend Reference.

Part G: Health Form (To be completed by applicant & a physician)

Please attach a copy of your recent taken (less than 3 months ago) photograph in this space.

Please read follow:

This application form is for official use. Its duly completed content will be kept strictly confidential. Please complete it with accuracy and indicate "N/A" whenever it is inapplicable to you.

- Duly completed application without registration fee & photograph will NOT be processed.
- Registration fee is non-refundable, payable by cheque made to "YWAM Training Centre".
- Do NOT send cash.

School applying for:	School of Frontier Missions (School of Missions CHR235)		
Start date:	(Please fill in the school date)		
Name of Applicant: (as in passport)	Email Address:		
Registration fee: (non-refundable, applicable to every applicant)	<input type="checkbox"/> One person S\$120/-	<input type="checkbox"/> Couple S\$180/-	
*Processing fee: (applicable to every foreign applicant except Singapore Permanent Resident, <u>refundable</u> only if YWAM Singapore rejects your SOFM application)	<input type="checkbox"/> S\$30/- per person		
by Cheque / Bank Draft No. : _____	OR	<input type="checkbox"/> by Telegraphic Transfer *Please notify accounts department via <a href="mailto:accounts@ywam.org.sg">accounts@ywam.org.sg</a>	

**YWAM Singapore**

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**Part A – General Information** (Please write above the line)

Name:

\_\_\_\_\_  
(As in passport, please underline surname)

Address:

Block No.: \_\_\_\_\_ Street name: \_\_\_\_\_

Unit No.: \_\_\_\_\_ City &amp; Country: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone:

Home

Mobile

Email

Date of Birth:

\_\_\_\_\_  
Day / Month / Year

Marital status: Single / Engaged / Married / Separated / Divorced / Remarried / Widowed

(Please circle the applicable)

Name of Spouse:

\_\_\_\_\_

Date of Marriage:

\_\_\_\_\_  
Day / Month / Year

English Speaking Ability:

English Reading Comprehension:

Please tick accordingly:


Excellent

Good

Fair

Poor

Other languages spoken:

\_\_\_\_\_

Citizenship:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_

Passport

No.:

\_\_\_\_\_

Expiry Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Mth Year

Issue at:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Mth Year

Accommodation Required: Single / Couple / Family (No. of adults \_\_\_\_\_ &amp; children \_\_\_\_\_)

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## Family Background

*Applicant who is married, please indicates details of your spouse & children (if any).*

*Applicant who is single, please indicates details of your parents & siblings (if any).*

<b>Name</b>	<b>Gender</b>	<b>Relationship</b>	<b>Date of Birth (DD/MM/YYYY)</b>

## Educational Background

*Please order your educational experience chronologically, the most recent first.*

<b>Name of School attended</b>	<b>Country</b>	<b>Degree / Certificate obtained</b>	<b>Date of Attendance (dd/mm/yyyy) (from &amp; to)</b>

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## Past and Present Employment

List all employment experience chronologically, the most recent first.

Name of Company	Country	Designation / Title	Duration of work (dd/mm/yyyy) (from & to)

## YWAM Experience

List previous YWAM schools / seminars attended (if any).

YWAM School / Seminar	Country	Date of Attendance (dd/mm/yyyy) (from & to)

## Church Affiliation

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Member since: \_\_\_\_\_

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## **Part B – Additional Information**

Please take time to prayerfully answer these questions on a separate sheet of paper. Indicate “N/A” for any question that is not applicable. Thereafter, submit together with this application.

1. Please describe your conversion experience and your present relationship with God (no more than 1 page).
2. In your opinion, what are some of the gifting God has given you to minister to others?
3. Please state your skills (e.g. playing musical instrument, electrical work, administration, ..., etc).
4. Why do you apply for this particular school?
5. What are the areas of your character are you seeking God to further develop and improve?
6. How would you describe the relationship within your family?
7. What church involvement have you (please indicate if you had leadership experience)?
8. What is / are your passion(s)?
9. Do you think you have a long-term call to mission?
10. Are there issues with which you are presently struggling?
11. Please give details if your pastor is **not** in agreement with your application to this school.
12. Please indicate your financial position with regards to this school.
13. Please give reason if you are married and are **not** planning to do this school with your spouse.
14. Is there anything else you think / feel that YWAM Singapore should know?

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**Declaration**

- I declare all information disclosed in this application and its attachment to be true and accurate.
- I have not intentionally withheld any relevant information.
- I agree to the use of the information (including the disclosure) by YWAM Singapore & International for any purpose pertaining to my training and / or my well-being & others.
- I agree to abide by the regulations of YWAM school if I am accepted as a student of YWAM.
- I agree to the YWAM refund policy.

**Release of Liability**

- I (applicant) \_\_\_\_\_, hereby release its leadership, employees and volunteers from any liability whatsoever arising out of any injury, damage and/or losses which I may sustain during any involvement with Youth With A Mission Training Centre.

\*Please tick below if applicant is below 18 years old at the commencement date of applied YWAM school.

- \*Consent of a parent / **legal** guardian \_\_\_\_\_ (Name as in passport) \_\_\_\_\_ (NRIC / Passport No.) on applicant's behalf is required for agreement to above clause.

**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 (applicant) \_\_\_\_\_, hereby agree to such treatment, anesthetics and operations as in the opinion of the attending physician / surgeon who is deemed necessary.

\*Please tick below if applicant is below 18 years old at the commencement date of YWAM school that he / she has applied.

- \*Consent of a parent / **legal** guardian \_\_\_\_\_ (Name as in passport) \_\_\_\_\_ (NRIC / Passport No.) on applicant's behalf is required for agreement to above clause.

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**Consent for Burial**

In case of death, the law of the country may require that the deceased be buried or cremated. While every attempt will be made to fulfill the family's wish of disposition of the deceased, this may not be possible.

I (applicant) \_\_\_\_\_, hereby grant consent for the burial / cremation of my body in accordance with the law of the nation, in the event of my death while in the commitment with Youth With A Mission (Singapore).

\*Please tick below if applicant is below 18 years old at the commencement date of applied YWAM school.

\*Consent of a parent / **legal** guardian \_\_\_\_\_ (Name as in passport) \_\_\_\_\_ (NRIC / Passport No.) on applicant's behalf is required for agreement to above clause.

### **Part C – Disclosure of Information Agreement**

The form indicates the agreement for disclosure of applicant's name, photographs, art/written work, voice, verbal statements and / or portraits for publicity materials, publication and / or website of any form regardless of time frame within organizational and schools' context with acknowledgement of point (a) & (b).

- a. No monetary consideration shall be paid.
- b. Above agreement is binding upon heirs and / or future legal representative(s).

I (applicant) \_\_\_\_\_, hereby understand and agree that to the performance of medical treatment, anesthetic, surgery or operation as in the opinion of the attending physician / surgeon who is deemed necessary.

\*Please tick below if applicant is below 18 years old at the commencement date of applied YWAM school.

\*Consent of a parent / **legal** guardian \_\_\_\_\_ (Name as in passport) \_\_\_\_\_ (NRIC / Passport No.) on applicant's behalf is required for agreement to above clause.

Take note:

Please send us a written notice if applicant or parent/guardian wishes to rescind this agreement.

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## **Part D – Applicant’s Leadership Reference**

Applicant, please detach this is a **confidential reference** form for your \*Pastor / Elder / Deacon to complete and mail to YWAM Singapore. (Please refer to left bottom corner of the page for mailing address.)

Dear \*Pastor / Elder / Deacon \*please delete accordingly

Youth With A Mission (YWAM) is an interdenominational Christian missionary organization founded in 1960 with its three-fold purpose namely Evangelism, Training and Mercy Ministry. YWAM Singapore is also called partner with local churches to fulfill this purpose.

In view of adhering to this purpose, we may need to request of you this confidential reference on the applicant.

This applicant \_\_\_\_\_ (Name as in passport) has applied for admission to School of Frontier Missions (SoFM) conducted by YWAM Singapore.

Different individual may see SoFM as a stressful school as there will be physical, mental and spiritual demands. Thus, we need your comment on applicant’s suitability to the school.

Your reference will be kept strictly confidential.

**Guide to complete this form:** As you carefully consider the questions below, place a “X” along the scale from 1 to 10 which you feel best describe the applicant.

Name of Pastor: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone / Email Add: \_\_\_\_\_

How long have you know this applicant? \_\_\_\_ years \_\_\_\_ months

How long have this applicant attended your church? \_\_\_\_ years \_\_\_\_ months

- i. What role(s) does the applicant have in church? (e.g. church attendee, member, teacher, musician, etc?) \_\_\_\_\_
- ii. Please comment on this applicant’s family background.  
\_\_\_\_\_
- iii. How does this applicant usually react when subjected to stress or pressure?  
\_\_\_\_\_

**YWAM Singapore**

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iv. Please circle the number on scale that best describe the applicant.

<b>PERSONAL MATURITY</b> Emotional & Interpersonal maturity	1	2	3	4	5	6	7	8	9	10
	Immature		Average			Growing		Unusual Insight		
<b>INITIATIVE</b> Proactively undertaking new responsibilities	1	2	3	4	5	6	7	8	9	10
	Poor		Average			Above Average		Excellent		
<b>SOCIAL ACCEPTANCE</b> How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked		Sought after		
<b>SOCIAL AWARENESS</b> Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly Responsive			Thoughtful		Usually considerate		
<b>EMOTIONAL STABILITY</b> How often emotionally balanced	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually		Always		
<b>PERSONAL APPEARANCE &amp; MANNER</b> First Impression	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good		Well-groomed		
<b>POISE</b> Applicant's confidence in public speaking?	1	2	3	4	5	6	7	8	9	10
	Lack of confidence				Moderate			Confident		
<b>LEADERSHIP</b> Leadership abilities	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair		Average			Exceptional		
<b>RESPONSIBILITY</b> Applicant's faithfulness towards assumed / assigned responsibilities?	1	2	3	4	5	6	7	8	9	10
	Unfaithful		Fairly responsible			Average		Very responsible		
<b>CO-OPERATION</b> Ability to work amicably beyond differences / preferences	1	2	3	4	5	6	7	8	9	10
	Unwilling		Indifferent		Usually willing			Outstanding		
<b>TEAMWORK</b> Ability to work well with others on team dynamics	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>COMMUNICATION</b> Ability to present thoughts with logic & clarity	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>ABILITY TO ARTICULATE</b> Ability to clearly present thoughts / emotions orally	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exception		

v. If the applicant is accepted to YWAM Singapore SOFM, what would be his / her need for personal development and / or help?

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vi. Any other observation and / or comment?

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**Part E – Applicant’s Previous YWAM School Leader’s Reference** (if applicable)

Applicant, please detach this is a **confidential reference** form for your previous YWAM school leader \*SOFM / SBS / SoFM to complete and mail to YWAM Singapore. (Please refer to left bottom corner of the page for mailing address.)

Dear \*DTS / SBS / SoFM school leader \*please delete accordingly

In view of adhering to this purpose, we may need to request of you this confidential reference on the applicant.

This applicant \_\_\_\_\_ (Name as in passport) has applied for admission to School of Frontier Missions (SoFM) conducted by YWAM Singapore.

Different individual may see SoFM as a stressful school as there will be physical, mental and spiritual demands. Thus, we need your comment on applicant’s suitability to the school.

Your reference will be kept strictly confidential.

**Guide to complete this form:** As you carefully consider the questions below, place a “X” along the scale from 1 to 10 which you feel best describe the applicant.

Name of Leader: \_\_\_\_\_

Name of YWAM School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone / Email Add: \_\_\_\_\_

How long have you know this applicant? \_\_\_\_ years \_\_\_\_ months

i. In what situation have you observed the applicant?

<input type="checkbox"/> * home / family	<input type="checkbox"/> *work duty / ministry	<input type="checkbox"/> *church / outreach
<input type="checkbox"/> social	<input type="checkbox"/> small group	<input type="checkbox"/> Others: _____

ii. What role(s) does the applicant have in church? (e.g. church attendee, member, teacher, musician, etc?) \_\_\_\_\_

iii. Please comment on this applicant’s family background.

\_\_\_\_\_

iv. How does this applicant usually react when subjected to stress or pressure?

\_\_\_\_\_

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v. Please circle the number on scale that best describe the applicant.

<b>PERSONAL MATURITY</b> Emotional & Interpersonal maturity	1	2	3	4	5	6	7	8	9	10
	Immature		Average			Growing		Unusual Insight		
<b>INITIATIVE</b> Proactively undertaking new responsibilities	1	2	3	4	5	6	7	8	9	10
	Poor		Average			Above Average		Excellent		
<b>SOCIAL ACCEPTANCE</b> How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked		Sought after		
<b>SOCIAL AWARENESS</b> Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly Responsive			Thoughtful		Usually considerate		
<b>EMOTIONAL STABILITY</b> How often emotionally balanced	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually		Always		
<b>PERSONAL APPEARANCE &amp; MANNER</b> First Impression	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good		Well-groomed		
<b>POISE</b> Applicant's confidence in public speaking?	1	2	3	4	5	6	7	8	9	10
	Lack of confidence				Moderate			Confident		
<b>LEADERSHIP</b> Leadership abilities	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair		Average			Exceptional		
<b>RESPONSIBILITY</b> Applicant's faithfulness towards assumed / assigned responsibilities?	1	2	3	4	5	6	7	8	9	10
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<b>ABILITY TO ARTICULATE</b> Ability to clearly present thoughts / emotions orally	1	2	3	4	5	6	7	8	9	10
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vi. If the applicant is accepted to YWAM Singapore SOFM, what would be his / her need for personal development and / or help?

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vii. Any other observation and / or comment?

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## **Part F – Applicant’s Friend’s Reference**

Applicant, please detach this is a confidential reference form for your friend to complete and mail to YWAM Singapore. (Please refer to left bottom corner of the page for mailing address.)

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Dear Applicant’s Friend

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Your reference will be kept strictly confidential.

**Guide to complete this form:** As you carefully consider the questions below, place a “X” along the scale from 1 to 10 which you feel best describe the applicant.

Name of Friend: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone / Email Add: \_\_\_\_\_

How long have you know this applicant? \_\_\_\_ years \_\_\_\_ months

i. In what situation have you observed the applicant?

<input type="checkbox"/> * home / family	<input type="checkbox"/> *work duty / ministry	<input type="checkbox"/> *church / outreach
<input type="checkbox"/> social	<input type="checkbox"/> small group	<input type="checkbox"/> Others: _____

ii. Please comment on this applicant’s family background.

\_\_\_\_\_

iii. How does this applicant usually react when subjected to stress or pressure?

\_\_\_\_\_

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iv. Please circle the number on scale that best describe the applicant.

<b>PERSONAL MATURITY</b> Emotional & Interpersonal maturity	1	2	3	4	5	6	7	8	9	10
	Immature		Average			Growing		Unusual Insight		
<b>INITIATIVE</b> Proactively undertaking new responsibilities	1	2	3	4	5	6	7	8	9	10
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<b>SOCIAL ACCEPTANCE</b> How others receive applicant's personality	1	2	3	4	5	6	7	8	9	10
	Tolerated		Accepted			Well-liked		Sought after		
<b>SOCIAL AWARENESS</b> Response to feelings & needs of others	1	2	3	4	5	6	7	8	9	10
	Slow		Fairly Responsive			Thoughtful		Usually considerate		
<b>EMOTIONAL STABILITY</b> How often emotionally balanced	1	2	3	4	5	6	7	8	9	10
	Never		Seldom			Usually		Always		
<b>PERSONAL APPEARANCE &amp; MANNER</b> First Impression	1	2	3	4	5	6	7	8	9	10
	Sloppy		Fair			Good		Well-groomed		
<b>POISE</b> Applicant's confidence in public speaking?	1	2	3	4	5	6	7	8	9	10
	Lack of confidence				Moderate			Confident		
<b>LEADERSHIP</b> Leadership abilities	1	2	3	4	5	6	7	8	9	10
	Never leads		Fair		Average			Exceptional		
<b>RESPONSIBILITY</b> Applicant's faithfulness towards assumed / assigned responsibilities?	1	2	3	4	5	6	7	8	9	10
	Unfaithful		Fairly responsible			Average		Very responsible		
<b>CO-OPERATION</b> Ability to work amicably beyond differences / preferences	1	2	3	4	5	6	7	8	9	10
	Unwilling		Indifferent		Usually willing			Outstanding		
<b>TEAMWORK</b> Ability to work well with others on team dynamics	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>COMMUNICATION</b> Ability to present thoughts with logic & clarity	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exceptional		
<b>ABILITY TO ARTICULATE</b> Ability to clearly present thoughts / emotions orally	1	2	3	4	5	6	7	8	9	10
	Poor		Fair			Good		Exception		

v. If the applicant is accepted to YWAM Singapore SoFM, what would be his / her need for personal development and / or help?

vi. \_\_\_\_\_

vii. Any other observation and / or comment?

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## **Part G - Health Form**

There are 2 parts to this Part G namely (A) & (B).

(A) for your declaration & (B) for a physician's assessment.

(A) To be completed by applicant \_\_\_\_\_ (name as in passport).

**Health (tick one):**     **excellent**     **good**     **fair**     **weak**

i. Other than minor ailment, have you had any accident / illness that required medical or surgical attention? (\*yes / no)

If **yes**, please give details: \_\_\_\_\_  
\_\_\_\_\_

ii. Are you currently on any form of medication / doctor's review? (\*yes / no)

If **yes**, please give details: \_\_\_\_\_  
\_\_\_\_\_

For female only:                      Are you pregnant (\*yes / no)

iii. Do you have any disabilities that could limit your participation in the school curriculum?

\_\_\_\_\_

iv. Do you suffer from / have you been treated for any of the following? (Please tick & give details).

- |  |                                     |  |                                       |
|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> hypertension                            | <input type="checkbox"/> chest pain | <input type="checkbox"/> heart disease                 | <input type="checkbox"/> food allergy |
| <input type="checkbox"/> fainting spell                          | <input type="checkbox"/> epilepsy   | <input type="checkbox"/> migraine                      | <input type="checkbox"/> hepatitis    |
| <input type="checkbox"/> diabetics                               | <input type="checkbox"/> anemia     | <input type="checkbox"/> stroke                        | <input type="checkbox"/> drug allergy |
| <input type="checkbox"/> kidney / genital urinary system disease |                                     |  |                                       |
| <input type="checkbox"/> heavy snoring during sleep              |                                     | <input type="checkbox"/> disease of muscles / bones    |                                       |
| <input type="checkbox"/> disease of brain / nervous system       |                                     | <input type="checkbox"/> respiratory disorder / asthma |                                       |
| <input type="checkbox"/> disease of blood / metabolism           |                                     | <input type="checkbox"/> Other: _____                  |                                       |

If yes to any of the above, please give details:

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

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Is there anything of more about your health / physical condition that you feel we should know:

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Do you have valid “hospitalization and surgical Insurance” (or similar) that covers you while overseas? (Yes / No)

If yes, please indicate:

Policy No.: \_\_\_\_\_

Policy Contact No.: \_\_\_\_\_

In case of emergency, YWAM Singapore may contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (day) \_\_\_\_\_ (night)

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**(B)** To be completed by physician.

Dear Physician,

We request your help in providing us with information about applicant's  
\_\_\_\_\_ (name as in passport) physical health.

The applicant is applying for a full-time course that requires the person to have a good health and a reasonable level of physical fitness. He / She may be required to participate in field trips and outreaches.

Your examination & assessment of this applicant will be crucial for YWAM Singapore's consideration of acceptance.

Thank you.

Warm Regards  
Registrar (SoFM)

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Regularity: \_\_\_\_\_

**History (personal, medical / operation, mental, family):**

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

**General Examination**

Eyes	Left:	Right: (With / Without corrective glasses)
Hearing	Left:	Right:

Chest (lung & heart): \_\_\_\_\_

Abdomen (liver / spleen enlargement): \_\_\_\_\_

Genital-urinary system: \_\_\_\_\_

Any other condition that YWAM Singapore should take note of?

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

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Doctor's recommendation on fitness to study / overseas travel for \_\_\_\_\_ months.

- Acceptance without any limitation
- Acceptance with limitation (please specify): \_\_\_\_\_
- Not acceptable
- Should remain in areas where adequate medical care is available

How long have you known the applicant?

\_\_\_\_\_ (years) \_\_\_\_\_ (months)

Physician's name: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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