



**Youth With A Mission
Tema-GHANA**

P.O. BOX AS 298, Ashaiman - Tema GHANA

ywantema@gmail.com

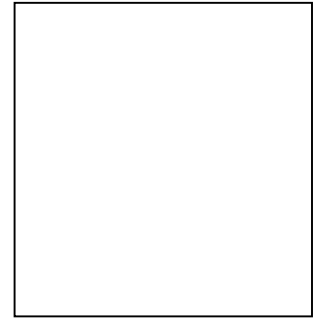


**FACULTY OF COUNSELING HEALTH CARE
COUNSELING DEPARTMENT**

School Application Form

**ATCM
Advance Training
for Counseling Ministry**

- Application Form**
- Photography**
(Attach a recent passport size photo of yourself)
- Registration Fee**
(A non-refundable Registration fee of GHC 100.00)
- School Fee**
(The Fees for ATCM is GHC 8,250.00)
- Personal History**



Please prayerfully and concisely answer the following questions on a separate piece of paper and attach it to your application form

1. What counselling experience have you had in or out of missions?
2. What makes you interested in applying for this particular school?
3. Do you have an interest in pursuing counselling in the future?
4. In what ways do you plan to use the skills and principles that you will learn on this school in missions or otherwise?
5. Is there any place you would like to do a particular outreach for this school?
6. Do you have any counselling needs that you desire help in during this school?
7. List your leadership experience and length of time for any office or positions held both Christian and non-Christian.
8. Do you feel you have a particular ministry and how do you see God's call on your life?
9. How did you hear about this school or course?
10. Describe your relationships within your family

2 Reference forms

One of these forms is to be given to your Pastor (or spiritual leader) and one to your previous YWAM leader.

Fill your name in the top yourself and ask these people to complete it and mail it directly to The Registrar, YWAM-TEMA, P. O BOX CE 11319, TEMA- GHANA.
OR MAIL TO: ywamtema@gmail.com

Application Form for ATCM

General Information

Program apply for: _____

Month/Year: _____

Application fee enclosed? _____

Mr, Mrs, Miss: _____

(Family Name/First Name/Preferred Name/Middle Name)

Address for correspondence: _____

Phone: _____ Fax: _____

Email: _____

Age: _____ Date of Birth: (DD/MM/YYYY) _____

Sex: [] M [] F Birth Place: (City/Country) _____

In case of Emergency – Contact Person: _____

Contact Address: _____

Passport Information

Country of Citizenship: _____

Name (as on passport): _____

City & Country issued: _____

Passport No: _____

Date Issued: _____

Expire Date: _____

Visa Information

Type of Visa: _____

Visa issued date: _____

Visa expiry date: _____

City & Country visa was issued: _____

Have you ever been refused a visa? [] No [] Yes (Give nation and details)

Marital Status

Current Status (Circle):

Single / Engaged / Married / Separated / Divorced / Widowed

Dates if applicable: _____

Do you expect any change in the above status in the near future? [] No [] Yes
(Details) _____

Name of children accompanying you:

Name: _____ Sex: _____ Birth Dates: (DD/MM/YY) _____

Church Information

Church Name: _____

Pastor Name: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

How long have you been attending: _____

Does your pastor know you are applying for this program: [] Yes [] No

Health Declaration

Are you currently on any kind of medication? [] No [] Yes

(If yes please state): _____

How is your health? [] Excellent [] Good [] Fluctuating [] Bad

Are there specific health problems (allergy, diet, back problems, etc.) that we should be aware of: [] No [] Yes (Please give details): _____

I hereby certify that the above declaration is correct:

Name: _____ **Signature:** _____ **Date:** _____

Consent for Treatment

I hereby agree to the performance of such treatment, anaesthetics and operations as the attending physician deems necessary.

Name: _____ Signature: _____ Date: _____

Financial Information

Do you currently have any debts we should be aware of? [] No [] Yes (Give details)

Will you have all the finances for the school on arrival? (Total amount of school fees are payable on arrival unless other arrangements have been made with the school leader!)

Lecture Phase: [] Yes [] No

Outreach Phase: [] Yes [] No

Languages

What Languages do you speak, read and write (circle):

_____ Fluent / conversational / rudimentary
_____ Fluent / conversational / rudimentary
_____ Fluent / conversational / rudimentary

Educational and Professional Background

Which schools have you completed with Youth With a Mission?

| School | Date | Place | Outreach | Date | Credit |
|--------|------|-------|----------|------|--------|
|--------|------|-------|----------|------|--------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Which studies have you completed outside of YWAM?

What is your professional background?

Skills

Occupational Skills: _____

Years of Experience: _____

Musical ability or other skills: _____

Liability Release

Please complete and sign the following sections. Understand that they are necessary to protect us from possible legal action

I/we hereby release Youth With A Mission, its agents, employees and volunteer assistants, from any liability whatsoever arising out of any injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with Youth With A Mission.

Name: _____ Signature _____

Date: _____ Place: _____

Declaration

I confirm that I have understood the Youth With A Mission tuition policy. I commit myself to paying all expenses incurred during my involvement with Youth With A Mission. I have completed all parts of the application for admission to Youth with A Mission and if I am accepted, I will abide by the spirit, policy, and schedule of the program.

Name: _____ Signature: _____

Date: _____ Place: _____

We're looking forward to receiving your application forms and hope to welcome you here in Tema, Ghana soon.

Reference Form – Pastor / Church Leader

TO THE APPLICANT:

Print out this form. Complete the information below and provide a stamped envelope addressed to The Registrar, P. O. Box CE11 319, Tema – Ghana, or send the completed scanned form to ywamtema@gmail.com for the person completing your reference.

Name of Applicant: _____

Dates (DD/MM/YY) incl. outreach: _____ until _____

Course applying for: _____

I, the above named applicant, waive any right I have to read or obtain copies of this reference form, knowing that this waiver is not required as a condition for admission.

Applicant's Signature: _____ Date: _____

TO THE CHURCH LEADER:

The above applicant has applied to Youth with A Mission (YWAM) Training in Ghana, which is part of YWAM International. YWAM is a mission-oriented interdenominational Christian missionary organization. YWAM, founded in 1960, now has centers in over 350 locations in all 6 continents. Its purposes include training, challenging and channeling Christians to fulfil Christ's command: "Go, therefore, and make disciples of all nations." Serious consideration will be given to your comments; there we ask that you complete this form carefully.

Thank you for your assistance.

Please tick the following and comment where necessary

How well do you know the applicant: [] Very Well [] Well [] Casual

| | Excellent | Above Average | Average | Below Average | Very Poor |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for Authority: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to get along with others: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to follow: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership ability: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Judgment and decision making ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal appearance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

| | | | |
|---|---|----------------------------------|-------------------------------------|
| Mental ability <input type="checkbox"/> | Quick to comprehend <input type="checkbox"/> | Average <input type="checkbox"/> | Slow <input type="checkbox"/> |
| Ability to work <input type="checkbox"/> | Hard worker <input type="checkbox"/> | Average <input type="checkbox"/> | Lacks <input type="checkbox"/> |
| Reliability <input type="checkbox"/> | Meets obligations <input type="checkbox"/> | Average <input type="checkbox"/> | Neglects <input type="checkbox"/> |
| Cooperation <input type="checkbox"/> | Works well with others <input type="checkbox"/> | Average <input type="checkbox"/> | Experience <input type="checkbox"/> |
| Flexibility <input type="checkbox"/> | Open to change <input type="checkbox"/> | Average <input type="checkbox"/> | Unyielding <input type="checkbox"/> |
| Character <input type="checkbox"/> | Well balanced <input type="checkbox"/> | Average <input type="checkbox"/> | Unstable <input type="checkbox"/> |
| Positive attitude <input type="checkbox"/> | Cheerful <input type="checkbox"/> | Average <input type="checkbox"/> | Passive <input type="checkbox"/> |
| Punctuality <input type="checkbox"/> | Punctual <input type="checkbox"/> | Average <input type="checkbox"/> | Often late <input type="checkbox"/> |
| Financial responsibility <input type="checkbox"/> | Honours obligations <input type="checkbox"/> | Average <input type="checkbox"/> | Neglectful <input type="checkbox"/> |

Comments: _____

1. To what extent is the applicant actively contributing to church work?

2. In your consideration, which of the following would best describe the applicant's Christian experience?
 Mature Genuine and Growing Over-emotional Superficial (Comment)

3. How does the applicant usually react in trying situations?
 Withdraws Gets discouraged Gets angry Meets constructively
 Accepts patiently other (explain) _____
4. Overall, what do you consider to be the applicant's strengths?
5. Please comment on the applicant's family background (if known)

6. In your opinion, what are the applicant's motives for applying to YWAM Training?

7. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character? No Yes (Please explain)

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

9. Do you see the applicant as having potential for missionary services with YWAM? Yes With some reservation (explain) No (explain)

10. Is your congregation aware that this person has applied to do a course with YWAM Training? Yes No
11. As a pastor, if you feel it is right for the applicant to participate in this training programme, would you offer any pastoral counsel to us in helping him/her adjust to a foreign country and a new situation? _____

12. Is your congregation supporting this applicant during this course:
 Prayerfully Financially Other _____
13. I have known the applicant for _____ years _____ months.
Name: _____

Signed: _____ Date: _____

Position: _____

Address: _____

Phone: _____ Fax _____

Email: _____

YWAM Training admits students of all races, colour, national and ethnic origin to the rights, privileges, programs and activities generally accorded or made available to students at the course.



Reference Form – Previous YWAM Leader

TO THE APPLICANT:

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| Leadership ability: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Personal appearance: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Punctuality <input type="checkbox"/> | Punctual <input type="checkbox"/> | Average <input type="checkbox"/> | Often late <input type="checkbox"/> |
| Financial responsibility <input type="checkbox"/> | Honours obligations <input type="checkbox"/> | Average <input type="checkbox"/> | Neglectful <input type="checkbox"/> |

Comments: _____

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Name: _____

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Position: _____

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Phone: _____ Fax _____

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