**Youth With A Mission Burundi Bujumbura**

| **YWAM Burundi** |
| --- |

**Application for the Discipleship Training School**

(Confidential when completed)

**DTS Leader**

**YWAM Burundi**

**BP 5999 Bujumbura Kinindo**

Thank you for your interest in this school! It is our intention that the application process serve as a valuable

tool for helping you, your church and us here at YWAM as we prayerfully evaluate whether this is the right course for you

at this time.

**HOW TO COMPLETE THIS APPLICATION**

Please answer all of the questions on this application form. It will help us if you type your answers or print

clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application

forms. If you need more space to answer a question, please use a separate piece of paper. Please also note that the

information requested on this form is restricted to details relevant to our consideration of your application at

this stage.

**PRE-REQUISITES FOR ATTENDING THE DTS**

Considering the fact that the DTS program is focused on missions and can be the first step towards a University of the Nations degree, we require a few things of every person applying for this school. 1) You need to be a

committed Christian 2) You need to be able to speak good English or French and 3) You need to have completed your secondary school. Please note that the lack of one of these requirements does not necessarily mean that you are automatically excluded from the program. Please get in touch with us so we can consider your case.

**REFERENCES**

Enclosed with this application are two Reference Forms to be sent to the people you have selected. One is

for your church leader and one is for a mature Christian friend. Fill in your name, your address, and school dates

for the DTS, and then proceed to give the forms to the people you have selected. Please ask that they return the forms directly to the DTS leader (listed above) as soon as possible.

**MEDICAL REPORT**

A Medical Report Form is included herein. Part of it is to be completed by you and part of it by your doctor.

**PASSPORT/LAISSER-PASSER/ EAST AFRICAN PASSPORT / VISA INFORMATION**

This information is needed for anticipated visa purposes only, including the outreach phase of the DTS. If you do not have a passport or a laisser-passer we recommend you get one before the beginning of the school.

**PASSPORT PHOTOS**. Kindly send alongside your application 3 colored passport photos.

**ADMINISTRATION FEE**

A non-refundable fee of Frb $30 for the couple $50 or 50.000 **BIF** (which covers the cost of processing your application) needs to be included

when you return this form. Considering the fact that we do not really have a way of receiving this money safely through the mail in Burundi, foreign students can bring this money with them.

**DATE OF RETURNING THE FORMS FOR PROCESSING**

We ask that you return your forms to us at the latest 4 weeks before the beginning of the school. Any forms

taken after that will NOT BE ACCEPTED. This is to give us time to prayerfully consider your form and let you

know if you have been accepted

. **School Fees**

**First world countries : $**2500 Visa of your stay in Burundi is included

**Developing countries : $**1500 USD / Visa/Registration included

Non East Africans : $1000

East Africans : $400 USD

Burundians : 1,000,000 BIF

**FINALLY...**

We pray that God will guide you clearly as you complete this form.

**ALL FORMS ARE TO BE MAILED OR EMAILED TO:**

**Please return to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

**1. PERSONAL INFORMATION**

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title, Surname, First Name, Middle Name, Preferred Name)

**CURRENT ADDRESS:** (Valid till \_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived here?

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

**PERMANENT ADDRESS:**

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

(If different from above)

Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **AGE:** \_\_\_\_\_\_\_\_ **SEX:** Male \_\_\_\_\_ Female \_\_\_\_\_

dd mm yy

**2. MARITAL STATUS**

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/er \_\_\_\_\_

Spouse/fiancé’s name:

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

Has your spouse/fiancé applied for this school? Yes \_\_\_ No \_\_\_ (We strongly recommend doing the DTS as a couple) If not, please comment

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

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**3. DEPENDANTS**

Will any children be accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give their details:

Name Date of Birth Place of Birth Boy/Girl

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

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

**4. CHURCH INFORMATION** (Who do you wish us to contact for a church reference?)

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Leader's Name & Title:

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

Address:

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(W):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your church leader support the idea of you attending a YWAM school?

Yes \_\_\_\_ Yes, with reservations \_\_\_\_ No \_\_\_\_

**5. EDUCATION AND SKILLS**

**Secondary School (Education between 11 and 18 years)**

Name of Establishment Dates Attended Exam Success/Qualifications Received

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

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**University/College/Higher or Further Education (post 18 years)**

Name of Establishment Dates Attended Exam Success/Qualifications Received

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

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**List any other training or qualifications you have received** (Please use a separate piece of paper if

necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is your Employment History and Occupation?**

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Briefly describe what your work entails:

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

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Briefly describe other past work experiences:

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

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**6. LANGUAGES**

Please identify the languages you speak and indicate how well (or not) you speak them:

1 - basic knowledge 4 -native tongue knowledge

2 -minimum professional knowledge 5 - mother tongue

3 -full professional knowledge

English knowledge \_\_\_\_\_\_\_\_ Other languages and how well you speak

them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7. GIFTS AND HOBBIES**

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies

Gifts:

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

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Hobbies:

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

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Feel free to also describe some good things you have done in your life so far:

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

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**8. Children**

**a)** Do you have any children accompanying you? Yes No

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

Child 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**b) Emergency Contact**

In case of an emergency contact:

Mr/ Mrs/ Miss/ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Statement of Burial**

a) I agree that in the case of my death while in Youth With A Mission, Youth With A Mission - Burundi may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve Youth With A Mission – Burundi and its entire staff and associates of the burial costs.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b) 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, anesthetics and operations to be performed upon myself as in the opinion of the

attending physician/s is deemed necessary

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. CHRISTIAN & LIFE EXPERIENCE**

Please prayerfully answer the following questions, shortly, on a separate piece of paper (you may write or

type) and attach this to your application form.

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.

2. Briefly describe other spiritual experiences and/or significant events in your Christian life.

3. What experience do you have in sharing your faith?

4. What church work experience have you had? Have you any leadership experience?

5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?

6. Briefly describe any experiences you have had in other cultures.

7. Where you are right now with God: How would you describe your Christian life and your relationship with the Lord at the present time?

8. Do you feel God has called you into some kind of full-time Christian service? Please explain.

9. How might you see using your skills/training in a missions context? Why are you thinking about YWAM and DTS?

10. How did you hear about Youth With A Mission?

11. What is your reason for applying for this particular DTS?

12. What are your hopes and expectations for yourself during this DTS?

13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families?

Please Note: Answering YES to the following questions will not automatically exclude you from the DTS. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Homosexuality? Occultism?

If so, please explain.

15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have

any cases pending? If so, please explain.

16.Please list anything else you would like us to know about you and your situation.

**10. FINANCES\*\*\*\*\*\*\*\*\***

Every staff member in Youth With A Mission is responsible to provide their own fees and personal living

expenses. Each prospective student is expected to do the same. As you do the possible - use savings, earn

the money, sell things you don't need (as directed by the Lord) - God will do the impossible. Where God

guides, He will also provide. (For current exchange rates please refer to your local bank.)

1.U$ or FRb\_\_\_\_\_\_\_\_\_ is what I have at the present time towards the school fees.

U$ or FRb\_\_\_\_\_\_\_\_\_ is what family/friends/others have pledged towards my fees.

U$ or FRb\_\_\_\_\_\_\_\_\_ is what I still need for my fees.

How do you plan to raise the amount you still need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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2. a) List current financial obligations and how you expect to fulfill them.

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

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b) Are you leaving a job to attend the DTS? Yes \_\_\_\_\_ No \_\_\_\_\_

c) Give names of dependants you have and to what extent you are obliged to them financially.

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

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**11. RELEASE OF LIABILITY**

I/we do hereby release YOUTH WITH A MISSION, LTD., its agents, employees and volunteer assistants from

any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person

during the course of involvement with Youth With A Mission.

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. CONSENT FOR TREATMENT**

I/we do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of

the attending physician are deemed necessary.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. COMMITMENT**

I have completed all portions of this application and if accepted by Youth With A Mission, I will, under God,

abide by the spirit, authority and schedule of the program. I understand that the Discipleship Training

School consists of both the lecture phase and the field placement phase, and that by completing this

application, I am making a commitment to both phases of the school. I understand that payment of my school

fees must be made upon arrival or at the very latest before the end of the school. I therefore undertake to pay

all personal expenses during my involvement with YOUTH WITH A MISSION.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_\_\_\_\_

day/month

**Youth With A Mission – Burundi**

**PASSPORT / VISA INFORMATION**

Please send **3 (three)** passport

size photographs with this form.

**Please send this document, completed and with photos, and include it in your application package.**

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**Please note:** You must have a passport or laisser-passer valid for at least 6 months after the end of the

school outreach phase for visa application purposes.

Name as listed on passport/ laisser passer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Citizenship/nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport/ Document Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(day / month / year)*

**Please return to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

**CONFIDENTIAL REFERENCE**

**Discipleship *Training School***

*To Be Completed By A Mature Christian*

Youth With A Mission (YWAM) is a worldwide inter-denominational missionary organization that was

founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as a mature Christian friend who would act as a referee for their

application to attend this YWAM course. Thank you for your willingness to help us in this process. This

Discipleship Training School (DTS) includes three months of lectures and three months of outreach.

The outreach could very well be completed in difficult and potentially stressful conditions, but will provide an opportunity for the student to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an** **unrealistically positive view of them.** An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

**We need to receive this form before we can process this application - thank you.**

**CANDIDATE DETAILS**

*(To be completed by the applicant)*

NAME OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Title, Surname, First Name)*

CURRENT ADDRESS:

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I know the applicant: very well \_\_\_\_\_\_ quite well \_\_\_\_\_\_ a little \_\_\_\_\_\_ very little \_\_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g.. Youth Group/Pastor/Home Group Leader/Friend)

**PERSONALITY/CHARACTER PROFILE**

Please assess the applicant on the qualities listed below according to the following evaluation system:

*1 - Usually 2 - Often 3 - Sometimes 4 – Rarely*

Healthy \_\_\_\_\_\_\_\_\_\_\_ Leader \_\_\_\_\_\_\_\_\_\_\_\_\_ Reliable \_\_\_\_\_\_\_\_\_\_\_\_\_

Loner \_\_\_\_\_\_\_\_\_\_\_\_\_ Team Worker \_\_\_\_\_\_\_ Disruptive \_\_\_\_\_\_\_\_\_\_\_

Initiator \_\_\_\_\_\_\_\_\_\_\_ Aggressor \_\_\_\_\_\_\_\_\_\_ Enthusiastic \_\_\_\_\_\_\_\_\_

Worrier \_\_\_\_\_\_\_\_\_\_\_ Co-operative \_\_\_\_\_\_\_\_ Energetic \_\_\_\_\_\_\_\_\_\_\_\_

**ABILITY TO WORK IN TEAMS**

*The applicant will be living and working closely with others for an extended period. Please answer / comment on the following:*

1. Do you see any difficulties that could compromise their Christian sexual morality?

Yes \_\_\_\_\_\_ No \_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g.

to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider

perspective when decision-making?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Comments

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

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3. The applicant's ability to be a part of a team

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4 . The applicant's ability to handle conflict

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5. The applicant's motivation for getting involved in missions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHRISTIAN BACKGROUND**

*Please comment briefly on:*

1. The applicant's growth as a Christian

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2. The quality and extent of his/her Christian service

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3. Do you know the applicant's family? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ *(Please comment on their husband/wife AND* *parent/child relationship)* If yes, is there anything you think would be helpful for us to know about them?

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

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4. Have we overlooked anything which you consider relevant to this application?

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**FINALLY...**

Do you think participation in YWAM would be beneficial for the applicant?

\_\_\_\_\_\_ YES (unreservedly) \_\_\_\_\_\_ YES (with some reservations) \_\_\_\_\_\_ NO

If you have reservations, your comments would be helpful

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

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TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

**CONFIDENTIAL REFERENCE**

**Discipleship Training School**

*To Be Completed By The Church Leader*

Youth With A Mission (YWAM) is a worldwide inter-denominational missionary organization that was

founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as their Church Leader and as such we would ask you to act as

a referee for their application to attend this YWAM course. Thank you for your willingness to help us in

this process. This Discipleship Training School (DTS) includes three months of lectures and three

months of field placement. The field placement could very well be completed in difficult and potentially stressful conditions, but it will provide an opportunity for the student to use their skills to communicate God's love. **It is therefore not in the applicant's best interest to give an unrealistically positive view of them.** An honest,realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so.

**We need to receive this form before we can process this application - thank you**.

CANDIDATE DETAILS

(To be completed by the applicant)

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Title, Surname, First Name)*

CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I know the applicant: very well \_\_\_\_\_\_ quite well \_\_\_\_\_\_ a little \_\_\_\_\_\_ very little \_\_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(eg. Minister/ Pastor//Home Group Leader)*

**PERSONALITY/CHARACTER PROFILE**

*Please assess the applicant on the qualities listed below according to the following evaluation system.*

*1 - Usually 2 - Often 3 - Sometimes 4 – Rarely*

Healthy\_\_\_\_\_\_\_\_\_\_\_ Leader\_\_\_\_\_\_\_\_\_\_\_\_\_ Reliable\_\_\_\_\_\_\_\_\_\_\_

Loner\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Worker\_\_\_\_\_\_\_ Disruptive\_\_\_\_\_\_\_\_\_

Initiator\_\_\_\_\_\_\_\_\_\_\_ Aggressor\_\_\_\_\_\_\_\_\_\_ Enthusiastic\_\_\_\_\_\_\_\_

Worrier\_\_\_\_\_\_\_\_\_\_\_ Co-operative\_\_\_\_\_\_\_\_ Energetic\_\_\_\_\_\_\_\_\_\_

**ABILITY TO WORK IN TEAMS**

The applicant will be living and working closely with others for an extended period. Please answer /

comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. The applicant may sometimes have to make difficult personal decisions under stressful conditions -

e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider

perspective when decision-making?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. The applicant's ability to be a part of a team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. The applicant's ability to handle conflict \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. The applicant's motivation for getting involved in missions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHRISTIAN BACKGROUND**

*Please comment briefly on:*

1. The applicant's growth as a Christian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. The quality and extent of his/her Christian service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Do you know the applicant's family? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ (Please comment on their husband/wife

*AND parent/child relationship)*

If yes, is there anything you think would be helpful for us to know about them?

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

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4. Have we overlooked anything which you consider relevant to this application?

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

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**FINALLY...**

Do you as a church support the candidate's application for this school and potential service with YWAM

after its completion?

\_\_\_\_\_\_ YES (unreservedly) \_\_\_\_\_\_ YES (with some reservations) \_\_\_\_\_\_ NO

If you have reservations, your comments would be helpful \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS/ Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please e-mail or send the completed form to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

**MEDICAL REPORT**

**Please return to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

**TO THE APPLICANT:**

Please complete the first two pages of this report yourself. Then take it to your General Practitioner or other

Doctor who has recently looked after you and have him/her complete the last page.

(*The Doctor is entitled to charge a fee for this service for which you are responsible*).

Applicant's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Title / Surname / First Name )*

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS No.

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

*(dd/mm/yy) (for British applicants only)*

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL HEALTH**

\* Are you able to walk up to six miles (10 kilometers) in one day? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If this is a problem, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* Are you able to carry out reasonably strenuous physical work? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* Are you presently in good health? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If no, please give brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL HISTORY**

Please answer the following questions as fully as possible:

\* List all the SERIOUS ILLNESSES and OPERATIONS you have had in the past. (This means any illness

requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any

illness which may have an affect on your health.) Please also state the outcome and whether there are

any residual problems.

ILLNESS / OPERATION DATE OUTCOME

Have you ever had, or do you have, any of the following? Please answer with a **Yes** or **No** following:

Eating Disorders -

Eye Trouble -

Ear Trouble -

Head Injury -

Recurrent Headache -

Epilepsy ( )

Fainting Spells ( )

Mental/Nervous Disorders ( )

Paralysis ( )

Insomnia ( )

Allergic reactions to: Penicillin ( )

Sulphonamides ( )

Serum ( )

Foods (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin Conditions (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depression ( )

Shortness of breath ( )

Hay fever/Asthma ( )

Heart trouble ( )

Rheumatism/Arthritis ( )

High blood pressure ( )

Low blood pressure ( )

Back problems. ( )

Dislocation of joints/Broken bones ( )

Surgery: Appendectomy ( )

Tonsillectomy ( )

Hernia repair ( )

Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIDS/HIV positive ( )

Hepatitis A - ( )

Hepatitis B or C. ( )

Stomach/Duodenal Ulcer ( )

Gall bladder problems ( )

Anemia ( )

Intestinal trouble. ( )

Recurrent Diarrhea ( )

Diabetes ( )

Kidney disease. ( )

Tumor/Cancer ( )

\* List any SERIOUS MENTAL OR PHYSICAL ILLNESS in your IMMEDIATE FAMILY :

ILLNESS FAMILY MEMBER

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

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

\* Describe any CURRENT MEDICAL PROBLEMS for which you are receiving treatment, or which may

affect your health:

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

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\* List any MEDICATIONS which you take, either on a regular basis, or only when needed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* What is your HEIGHT? Ft \_\_\_\_\_\_ In \_\_\_\_\_\_ (or \_\_\_\_\_\_ mtrs)

What is your WEIGHT? St \_\_\_\_\_\_ lbs \_\_\_\_\_\_ (or \_\_\_\_\_\_ kgs)

\* Describe any current psychiatric problems for which you are receiving treatment or have received

treatment in the past (eg. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders)

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

\* Is there any other information which will be helpful for us to know as we consider your application?

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

**Physician’s Evaluation**

TO THE PHYSICIAN: The applicant has applied for a school with Youth With A Mission. Can you review the information on the applicant’s Health Form and complete this section of the form.

1. Physical Assessment

Height (cm) Weight (Kg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hearing: Right Left \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uncorrected: Right /Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrected: Right/ Left: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are there any abnormalities of the following systems? **Yes No**

Head, ears, nose, throat ( )

Eyes ( )

Teeth ( )

Nervous system( )

Cardiovascular ( )

Respiratory. ( )

Trunk & Back ( )

Digestive tract ( )

Musculoskeletal ( )

Endocrine (thyroid)-

Skin ( )

Urogenital ( )

If the answer was “Yes” to any of the previous questions please describe fully below or on a separate piece of

paper. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Does the applicant have any physical or psychological disorder that would limit their ability to participate fully in studies or field assignments, locally or overseas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Physician’s recommendation for follow-up test/treatments. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. Physician’s recommendation (please tick):

Acceptable without limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acceptable with limitations (specify below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not acceptable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should remain in areas where adequate medical care is provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Immunisation History where necessary/known (Date)

Typhoid \_\_\_\_\_\_\_\_\_\_\_\_ Cholera \_\_\_\_\_\_\_\_\_\_\_\_\_Polio \_\_\_\_\_\_\_\_\_\_\_\_ Pertussis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubella \_\_\_\_\_\_\_\_\_\_\_\_ Diphtheria \_\_\_\_\_\_\_\_\_\_\_Mumps \_\_\_\_\_\_\_\_\_\_ Yellow Fever \_\_\_\_\_\_\_\_\_\_\_\_\_

BCG \_\_\_\_\_\_\_\_\_\_\_\_ Hepatitis \_\_\_\_\_\_\_\_\_\_\_\_Tetanus\_\_\_\_\_\_\_\_\_\_\_\_ Hepatitis B \_\_\_\_\_\_\_\_\_\_\_\_

7. Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEMALES ONLY**

Irregular periods - Severe cramps - Excessive flow

Are you pregnant? –

If you answered **“Ye**s” to any of the above questions please describe below/further information:

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

**4. Medical Treatment**

Are you at present under the doctor’s care for any condition? Yes No Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you taking any medication at this time? Yes No Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**5. Communicable Diseases**

Have you ever had any of the following? **Yes No**

Chickenpox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles (Rubella) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Measles (Rubeola) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertussis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scarlet Fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to walk up to six miles (10Km) in a day

Yes No. If No, Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to carry out reasonable strenuous physical work?

Yes No. If No, Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance?

Yes No

If yes, Name of Insurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When you have completed this report, take it to your doctor who will complete the rest. Please give your doctor a

stamped and addressed envelope so that he or she can post it direct to YWAM Burundi

**APPLICANT'S RELEASE OF MEDICAL INFORMATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant's name), give permission for the release of relevant

medical information to the Youth With A Mission Medical Officer prior to service with the mission.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(dd/mm/yy)*

**MEDICAL REPORT TO BE COMPLETED BY THE DOCTOR**

**WHO HOLDS YOUR MEDICAL RECORDS**

Name of applicant:

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

Would you please verify the medical history as supplied by the applicant and make any additions or

comments as appropriate. The purpose of this report is to assess suitability for training and a practical field placement in Burundi.

Please make any comments or additions on:

\* PAST HISTORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* RELEVANT FAMILY HISTORY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* CURRENT MEDICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* WEIGHT and GENERAL FITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* GENERAL HEALTH Please give details if the applicant has had any problems with -

. epilepsy or fits

. anemia or blood disorders

. hypertension or heart disease

. endocrine disorders

. psychiatric problems - including depression, anxiety & eating disorders

. adverse reactions to stressful situations

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\* Is the applicant free from INFECTIOUS DISEASES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Has the applicant had any ALLERGIC REACTIONS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Doctor's Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(dd/mm/yy)*

Name and Address (or practice stamp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return to:**

**DTS Leader**

**YWAM Burundi**

**BP 5999 Burundi Kinindo**

**Tel. +257 79936 393**

**Email: HYPERLINK "mailto:info.ywamburundi@gmail.com" info.ywamburundi@gmail.com**

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