



Procedure for Application

Thank you for applying to MEDIA VILLAGE Cape Town! We represent the College of Communication of the University of the Nations. May you know God's wisdom as you seek His direction and will in your life.

In order for us to process your application, we must receive **all the forms completed** by you and your references. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives both enrolling as students must complete separate applications.

Please send all forms to:

**The Registrar
Media Village
PO Box 4305 Tygervalley, Durbanville 7536
Cape Town, South Africa
Tel: (+27) 21 975 7800
Fax: (+27) 21 975 6271
E-mail: registrar@mediavillage.info**

1. **Application Form:**

This form must be completed for any initial school you wish to do at MEDIA VILLAGE, CAPE TOWN.

2. **Application Fee:**

A non-refundable application fee of R150 (\$50 for international students) is to be forwarded with the application. Your application cannot be processed without it. All cheques must be made out to MEDIA VILLAGE.

3. **Life questions:** Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.

4. **Financial agreement:** Please read carefully, complete and sign the Financial Policy and Indemnity Form. Please note that signing the form commits you to payment of the fees for the current year.

5. **Reference forms:** One each of the three Confidential References Forms fill in your name, the school you are applying for, and the starting date. Hand one to your pastor/ minister and one each to two other people who know you well e.g. employer, teacher, and friend. (If you have taken a YWAM course previously or been on YWAM staff, one of your references **must be** from your most recent school leader or supervisor). Ask them to complete the form and post it directly to MEDIA VILLAGE, CAPE TOWN.

6. **Health form:** Please fill in the health form. The **Physician's Evaluation form** must be filled in by your doctor.

7. **Photographs:** Please submit two recent passport-size photographs with your application.

IMPORTANT!

All students are encouraged to apply early, generally about 3 months prior to the start of the school for South African students and for non-South African students at least 4 months prior to the start of the school. The process for applying for a visitor's visa (for non-South Africans) can be a lengthy process.

NB: All of our schools are full-time training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course.

Please note: These applications are only available in English. As we are an international mission, we have found it necessary to restrict all our lectures, information and correspondence to English as it is the most universally understood language.

	<p>Please return all forms to: The Registrar PO Box 4305 Tygervalley 7536 South Africa Tel: (+27) 21 975 7800 Fax: (+27) 21 975 6271 Email: registrar@mediavillage.info</p>	<p align="center">STUDENT APPLICATION FORM</p>
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I wish to attend the _____ beginning _____
 _____ Month _____ Year

Mr/Mrs/Miss

_____ (Surname) _____ (First Name) _____ (Middle Name) _____ (Preferred name)

CURRENT ADDRESS:

_____ Postal code: _____ Valid until: _____

(Phone) _____ - _____ (Fax) _____ - _____ (E-mail) _____

PERMANENT ADDRESS:

_____ Postal code: _____ Valid until: _____

(Phone) _____ - _____ (Fax) _____ - _____ (E-mail) _____

(Date of birth): _____ (Age): _____ (Birthplace): _____ (Sex): ___ Male ___ Female

(Identity/ Passport Number): _____

MARITAL STATUS

(please circle one) Single Married Separated Divorced Engaged

Spouse's name _____ Wedding Anniversary (mo) _____ (day) _____ (yr) _____

Number of children accompanying you _____

Name _____	Birthdate ___/___/___	Passport? _____	Name _____	Birthdate ___/___/___	Passport? _____
Name _____	Birthdate ___/___/___	Passport? _____	Name _____	Birthdate ___/___/___	Passport? _____
Name _____	Birthdate ___/___/___	Passport? _____	Name _____	Birthdate ___/___/___	Passport? _____

EMERGENCY INFORMATION:

(Full Name) _____ (Relationship) _____

(Address) _____

(Phone) _____ - _____ (Fax) _____ - _____ (Office) _____ - _____

(Home Church) _____ (Denomination) _____

(Pastor's name) _____ (Address) _____

(Phone) _____ - _____ (Fax) _____ - _____ (Email) _____

(Height) _____ (Weight): _____ Blood type: _____

Are you allergic to any drugs? If yes, please specify:

CONSENT FOR TREATMENT:

In case of emergency, I/ we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

Applicant's Signature Date

Signature of Parent or Guardian if applicant is under 18 years of age:

Parent or Guardian Signature Date Relationship

PASSPORT INFORMATION

(Country of citizenship): _____ (Passport No) _____

(Name as listed on passport) _____

(City & country where passport issued) _____

(Date passport issued): _____ (Expiry date): _____

LANGUAGES

Please identify and indicate your proficiency in the languages that you speak

1. – elementary speaking
2. – limited word proficiency
3. – minimum professional proficiency
4. – full professional proficiency
5. – native speaking proficiency
6. – mother tongue

English proficiency _____ Please list other languages and proficiency:

EDUCATIONAL INFORMATION

_____ I have not completed high / secondary school. Highest educational level completed.

Qualifications	High / Secondary School	Post High school
Name of institution	_____	_____
Location	_____	_____
Period of attendance	_____	_____
Date of graduation	_____	_____
Standard/ diploma	_____	_____
Degree attained	_____	_____

SKILLS

(Present Occupation): _____ (Years experience): _____

(Other skills / talents or previous occupation): _____

YWAM BACKGROUND INFORMATION**SCHOOLS**

Have you previously attended a YWAM school(s)? ____ YES ____ NO

If YES, list the following. Please NOTE: One of your reference forms needs to be from your most recent school leader (up to 2 years).

School	Location	School leader	Outreach	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DEGREE

Are you pursuing a U of N degree? ____ Yes ____ No

If yes, in which U of N College, and what is your major and degree level?

STAFF

Have you ever been on YWAM staff? ____ Yes ____ No

If yes, please list the following:

Position	Location	Supervisor	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: One of your reference forms needs to be from your most recent supervisor.

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signed: _____

Date: _____

Please note:

In line with South Africa's Constitution, Media Village does not discriminate against any applicant on any basis, including health. HOWEVER, we need to know if you are suffering from the following: HIV/ Aids, Tuberculosis, malignant diseases, chronic ill-health (see Confidential Health form). You will need to receive treatment in your own country before application. We will accept any student with these conditions provided that they furnish proof of medication and funds to cover possible hospitalization.

I have read and understood the above.

Signed: _____

Date: _____



**Confidential Reference Form
Pastor/ Pastoral staff**

Please return all forms to:
The Registrar
PO Box 4305
Tygervalley 7536
South Africa
Tel: (+27) 21 975 7800
Fax: (+27) 21 975 6271
Email:
registrar@mediavillage.info

REF. P-1

To the person filling out this form:

The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of applicant _____

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission. Applicant's Signature _____

1. How long have you known the applicant?

2. On a scale of 1-10 (1 is little, 10 is intimately), how well do you feel you know the applicant? (circle one)

1 2 3 4 5 6 7 8 9 10

3. How long has the applicant attended your church? _____ years/months

4. In your association with the applicant, what has been the level of commitment you have seen exemplified?

____ Faithful ____ Inconsistent ____ Other

5. In your opinion, in which areas of ministry is the applicant gifted?

- | | | | |
|----------------------|---------------------|----------------------|-----------------------|
| ____ communication | ____ preaching | ____ drama | ____ secretarial work |
| ____ one-on-one | ____ music | ____ children's work | ____ discipleship |
| ____ pastoring | ____ administration | ____ counseling | ____ prayer |
| ____ carpentry | ____ youth work | ____ worship | ____ teaching |
| ____ hospitality | ____ encourager | ____ doctor | ____ nurse |
| ____ servant hearted | ____ plumbing | ____ art | ____ evangelism |
| ____ other: _____ | | | |

6. In which of the above areas has the applicant participated in since attending your church?

7. Please describe, in your own words, how would you rate the applicant in the following areas:

- | | | | |
|---------------------|-------|-----------------------------|-------|
| Initiative | _____ | Industriousness | _____ |
| Social adaptability | _____ | Reliability | _____ |
| Personal appearance | _____ | Co-operation | _____ |
| Concern for others | _____ | Self-discipline | _____ |
| Leadership | _____ | Christian character | _____ |
| Emotional stability | _____ | Temperament | _____ |
| Ability to follow | _____ | Punctuality | _____ |
| Flexibility | _____ | Perseverance | _____ |
| Stewardship | _____ | Ability to cope with stress | _____ |

8. **For discipleship purposes**, please circle words or descriptions which may pertain to the applicant:
- | | |
|---|---|
| impatient, intolerant, argumentative | domineering, critical of others, given to moods |
| easily embarrassed, offended, or discouraged | frequently worried, anxious, nervous or tense |
| prejudiced towards groups/ races/ nationalities | addictive behavior, unable to cope with stress |
| erratic in attitudes or actions | |

(If you have noticed any of these, or similar limitations in the applicant's life, please elaborate on a separate piece of paper)

9. Check any of the following which you feel are motivating the applicant to attend this YWAM school:
- | | |
|--|--|
| <input type="checkbox"/> Christian service | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Desire to spread the Gospel | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Receive help, ministry and discipleship | <input type="checkbox"/> Other _____ |
10. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character? Yes No
If "yes", please explain _____
11. As far as you know, has the applicant ever been arrested for any offense? Yes No
If "yes", please explain _____
12. Does the applicant respond well to authority? Yes No
If "no", please explain _____
13. Is your congregation/ group standing behind the applicant with total enthusiasm? _____
14. In your consideration, which of the following would best describe the applicant's Christian experience?
- | | |
|--|---|
| <input type="checkbox"/> Mature | <input type="checkbox"/> Over-emotional |
| <input type="checkbox"/> Contagious | <input type="checkbox"/> Superficial |
| <input type="checkbox"/> Genuine & growing | |
15. Please comment briefly on the applicant's family background (if known) _____
16. Would you please make any comments regarding the applicant that you feel could be helpful? Use a separate sheet of paper if necessary _____
17. Recommendation: What is your overall evaluation of the applicant's promise as a YWAM worker?
- | | |
|--|---|
| <input type="checkbox"/> Unsuitable | <input type="checkbox"/> Average prospect |
| <input type="checkbox"/> At this time, he/ she is unsuitable | <input type="checkbox"/> Above-average prospect |
| <input type="checkbox"/> Good prospect, but I have some reservations | <input type="checkbox"/> Exceptional prospect |

Please feel free to make any other comments that you feel would benefit us as we prayerfully consider the above applicant.

I declare that the contents of this confidential reference are correct to the best of my knowledge.

Name _____

Address _____

(Street) (City) (State) (Code) (Country)
Day Phone: _____ - _____ Eve Phone: _____ - _____

Signed: _____ Date: _____

Yes, I would like further information about Youth With A Mission

Ref. P-2



**Confidential Reference Form
YWAM/ DTS Leader/ Friend**

Please return all forms to:
The Registrar
PO Box 4305
Tygervalley 7536
South Africa
Tel: (+27) 21 975 7800
Fax: (+27) 21 975 6271
Email:
registrar@mediavillage.info

REF. Y-1

To the person filling out this form:

The below named person has applied for participation in YOUTH WITH A MISSION. In view of the work in which the applicant will be involved, we would greatly appreciate your careful and thoughtful consideration to the questions asked on this form. All evaluation forms will be kept in strict confidence and will not be shown to the applicant.

Name of Applicant _____

Address _____
(Street) (City) (Code) (Country)

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission. Applicant's Signature _____

1. How long have you known the applicant?

2. On a scale of 1-10 (1 being little, 10 being intimately), how well do you feel you know the applicant? (circle one)

1 2 3 4 5 6 7 8 9 10

3. During what time(s) was the applicant under your leadership, and in what capacity?

___/___/___ _____ ___/___/___

(mo) (day) (yr)

(mo) (day) (yr)

4. In your association with the applicant, what has been the level of commitment you have seen exemplified?

___ Faithful ___ Inconsistent ___ Other _____

5. In your opinion, in which areas of ministry is the applicant gifted?

- | | | | |
|---------------------|--------------------|---------------------|----------------------|
| ___ communication | ___ preaching | ___ drama | ___ secretarial work |
| ___ one-on-one | ___ music | ___ children's work | ___ discipleship |
| ___ pastoring | ___ administration | ___ counseling | ___ prayer |
| ___ carpentry | ___ youth work | ___ worship | ___ teaching |
| ___ hospitality | ___ encourager | ___ doctor | ___ nurse |
| ___ servant hearted | ___ plumbing | ___ art | ___ evangelism |
| ___ other: _____ | | | |

6. In which of the above areas has the applicant participated in under your leadership?

7. Please describe, in your own words, how would you rate the applicant in the following areas:

- | | | | |
|---------------------|-------|-----------------------------|-------|
| Initiative | _____ | Industriousness | _____ |
| Social adaptability | _____ | Reliability | _____ |
| Personal appearance | _____ | Co-operation | _____ |
| Concern for others | _____ | Self-discipline | _____ |
| Leadership | _____ | Christian character | _____ |
| Emotional stability | _____ | Temperament | _____ |
| Ability to follow | _____ | Punctuality | _____ |
| Flexibility | _____ | Perseverance | _____ |
| Stewardship | _____ | Ability to cope with stress | _____ |



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YWAM/DTS Leader/Friend**

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South Africa

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Address _____

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1. How long have you known the applicant?

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1 2 3 4 5 6 7 8 9 10

3. During what time(s) was the applicant under your leadership, and in what capacity?

___/___/___ _____ ___/___/___

(mo) (day) (yr)

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4. In your association with the applicant, what has been the level of commitment you have seen exemplified?

___ Faithful

___ Inconsistent

___ Other _____

5. In your opinion, in which areas of ministry is the applicant gifted?

___ communication

___ preaching

___ drama

___ secretarial work

___ one-on-one

___ music

___ children's work

___ discipleship

___ pastoring

___ administration

___ counseling

___ prayer

___ carpentry

___ youth work

___ worship

___ teaching

___ hospitality

___ encourager

___ doctor

___ nurse

___ servant hearted

___ plumbing

___ art

___ evangelism

___ other: _____

6. In which of the above areas has the applicant participated in under your leadership?

7. Please describe, in your own words, how would you rate the applicant in the following areas:

Initiative _____

Industriousness _____

Social adaptability _____

Reliability _____

Personal appearance _____

Co-operation _____

Concern for others _____

Self-discipline _____

Leadership _____

Christian character _____

Emotional stability _____

Temperament _____

Ability to follow _____

Punctuality _____

Flexibility _____

Perseverance _____

Stewardship _____

Ability to cope with stress _____



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 Tygervalley 7536
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**CONFIDENTIAL
 HEALTH FORM**

TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL.

Please print or type answers to **ALL** questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. **Less inclusive medicals done for other YWAM bases are not acceptable.**

SCHOOL YOU ARE APPLYING FOR: _____ **(DTS.com, SVP, SRB, etc)** **DATE:** ____/____/____
 (day) (mo) (yr)

PERSONAL HISTORY

Please answer **ALL** questions. Explain any "yes" answers on a separate sheet of paper.

Have you ever had, or do you now have, any of the following?

<table border="0"> <tr><td>Skin Condition</td><td>NO</td><td>YES</td></tr> <tr><td>follow-</td><td>___</td><td>___</td></tr> <tr><td>Eye Trouble</td><td>___</td><td>___</td></tr> <tr><td>Ear Trouble</td><td>___</td><td>___</td></tr> <tr><td>Head Injury</td><td>___</td><td>___</td></tr> <tr><td>Recurrent Headaches</td><td>___</td><td>___</td></tr> <tr><td>Epilepsy</td><td>___</td><td>___</td></tr> <tr><td>Fainting Spells</td><td>___</td><td>___</td></tr> <tr><td>Mental/Nervous Disorders</td><td>___</td><td>___</td></tr> <tr><td>Weakness</td><td>___</td><td>___</td></tr> <tr><td>Paralysis</td><td>___</td><td>___</td></tr> <tr><td>Insomnia</td><td>___</td><td>___</td></tr> <tr><td>Shortness of Breath</td><td>___</td><td>___</td></tr> <tr><td>Hay fever</td><td>___</td><td>___</td></tr> <tr><td>Asthma</td><td>___</td><td>___</td></tr> <tr><td>Hepatitis</td><td>___</td><td>___</td></tr> <tr><td>Recurrent Diarrhea</td><td>___</td><td>___</td></tr> <tr><td>Kidney Disease</td><td>___</td><td>___</td></tr> <tr><td>Venereal Disease</td><td>___</td><td>___</td></tr> <tr><td>High Blood Pressure</td><td>___</td><td>___</td></tr> <tr><td>Drastic weight loss in last 6 mths.</td><td>___</td><td>___</td></tr> </table>	Skin Condition	NO	YES	follow-	___	___	Eye Trouble	___	___	Ear Trouble	___	___	Head Injury	___	___	Recurrent Headaches	___	___	Epilepsy	___	___	Fainting Spells	___	___	Mental/Nervous Disorders	___	___	Weakness	___	___	Paralysis	___	___	Insomnia	___	___	Shortness of Breath	___	___	Hay fever	___	___	Asthma	___	___	Hepatitis	___	___	Recurrent Diarrhea	___	___	Kidney Disease	___	___	Venereal Disease	___	___	High Blood Pressure	___	___	Drastic weight loss in last 6 mths.	___	___	<table border="0"> <tr><td>Low Blood pressure</td><td>NO</td><td>YES</td></tr> <tr><td>Allergy: Bee Stings*</td><td>___</td><td>___</td></tr> <tr><td>Allergy: Penicillin</td><td>___</td><td>___</td></tr> <tr><td>Allergy: Sulfonamides</td><td>___</td><td>___</td></tr> <tr><td>Allergy: Serum</td><td>___</td><td>___</td></tr> <tr><td>Allergy: Food (specify)</td><td>___</td><td>___</td></tr> <tr><td>Tumor/Cancer</td><td>___</td><td>___</td></tr> <tr><td>Heart Trouble</td><td>___</td><td>___</td></tr> <tr><td>Rheumatism/Arthritis</td><td>___</td><td>___</td></tr> <tr><td>Back Problems</td><td>___</td><td>___</td></tr> <tr><td>Dislocation of Joints</td><td>___</td><td>___</td></tr> <tr><td>Broken Bones</td><td>___</td><td>___</td></tr> <tr><td>Stomach/Duodenal Ulcer</td><td>___</td><td>___</td></tr> <tr><td>Gall Bladder Problems</td><td>___</td><td>___</td></tr> <tr><td>Jaundice</td><td>___</td><td>___</td></tr> <tr><td>Intestinal Troubles</td><td>___</td><td>___</td></tr> <tr><td>Diabetes</td><td>___</td><td>___</td></tr> <tr><td>Anemia</td><td>___</td><td>___</td></tr> <tr><td>Are you HIV positive?</td><td>___</td><td>___</td></tr> <tr><td>Are you suffering from HIV/ Aids symptoms?</td><td>___</td><td>___</td></tr> </table>	Low Blood pressure	NO	YES	Allergy: Bee Stings*	___	___	Allergy: Penicillin	___	___	Allergy: Sulfonamides	___	___	Allergy: Serum	___	___	Allergy: Food (specify)	___	___	Tumor/Cancer	___	___	Heart Trouble	___	___	Rheumatism/Arthritis	___	___	Back Problems	___	___	Dislocation of Joints	___	___	Broken Bones	___	___	Stomach/Duodenal Ulcer	___	___	Gall Bladder Problems	___	___	Jaundice	___	___	Intestinal Troubles	___	___	Diabetes	___	___	Anemia	___	___	Are you HIV positive?	___	___	Are you suffering from HIV/ Aids symptoms?	___	___	<p>Have you ever had any of the ing COMMUNICABLE DISEASES?</p> <table border="0"> <tr><td></td><td>NO</td><td>YES</td></tr> <tr><td>Chicken Pox</td><td>___</td><td>___</td></tr> <tr><td>Measles (Rubella)</td><td>___</td><td>___</td></tr> <tr><td>Measles (Rubeola)</td><td>___</td><td>___</td></tr> <tr><td>Mumps</td><td>___</td><td>___</td></tr> <tr><td>Pertussis</td><td>___</td><td>___</td></tr> <tr><td>Scarlet Fever</td><td>___</td><td>___</td></tr> <tr><td>Tuberculosis</td><td>___</td><td>___</td></tr> <tr><td>OTHER (specify)</td><td>___</td><td>___</td></tr> </table> <p>FEMALES ONLY:</p> <table border="0"> <tr><td>Irregular Periods</td><td>___</td><td>___</td></tr> <tr><td>Severe Cramps</td><td>___</td><td>___</td></tr> <tr><td>Excessive Flow</td><td>___</td><td>___</td></tr> <tr><td>Are you pregnant?</td><td>___</td><td>___</td></tr> <tr><td>Previous pregnancies</td><td>___</td><td>___</td></tr> </table>		NO	YES	Chicken Pox	___	___	Measles (Rubella)	___	___	Measles (Rubeola)	___	___	Mumps	___	___	Pertussis	___	___	Scarlet Fever	___	___	Tuberculosis	___	___	OTHER (specify)	___	___	Irregular Periods	___	___	Severe Cramps	___	___	Excessive Flow	___	___	Are you pregnant?	___	___	Previous pregnancies	___	___
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Rheumatism/Arthritis	___	___																																																																																																																																																																					
Back Problems	___	___																																																																																																																																																																					
Dislocation of Joints	___	___																																																																																																																																																																					
Broken Bones	___	___																																																																																																																																																																					
Stomach/Duodenal Ulcer	___	___																																																																																																																																																																					
Gall Bladder Problems	___	___																																																																																																																																																																					
Jaundice	___	___																																																																																																																																																																					
Intestinal Troubles	___	___																																																																																																																																																																					
Diabetes	___	___																																																																																																																																																																					
Anemia	___	___																																																																																																																																																																					
Are you HIV positive?	___	___																																																																																																																																																																					
Are you suffering from HIV/ Aids symptoms?	___	___																																																																																																																																																																					
	NO	YES																																																																																																																																																																					
Chicken Pox	___	___																																																																																																																																																																					
Measles (Rubella)	___	___																																																																																																																																																																					
Measles (Rubeola)	___	___																																																																																																																																																																					
Mumps	___	___																																																																																																																																																																					
Pertussis	___	___																																																																																																																																																																					
Scarlet Fever	___	___																																																																																																																																																																					
Tuberculosis	___	___																																																																																																																																																																					
OTHER (specify)	___	___																																																																																																																																																																					
Irregular Periods	___	___																																																																																																																																																																					
Severe Cramps	___	___																																																																																																																																																																					
Excessive Flow	___	___																																																																																																																																																																					
Are you pregnant?	___	___																																																																																																																																																																					
Previous pregnancies	___	___																																																																																																																																																																					

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN: _____

Are you at present under a doctor's care for any condition? ___No ___Yes If "yes", please specify:

Are you taking any medication at this time? ___No ___Yes If "yes", please specify:

Do you have any history of emotional instability or psychiatric treatment and are you taking any medication?
If "yes" please specify:

Do you wear contact lenses or glasses? ___No ___Yes Specify:

How would you rate your health condition? ___Excellent ___Good ___Fair ___Poor

Do you now have, or have you ever received any compensation for disability from any sources? ___No ___Yes
If "yes", please specify:

FAMILY HISTORY:

Have any of your relatives ever had any of the following?

	No	Yes	Relationship
Tuberculosis	___	___	
Arthritis	___	___	
Diabetes	___	___	
Kidney Disease	___	___	
Asthma, Hay Fever	___	___	
Cancer	___	___	
Heart Disease	___	___	
Epilepsy, Convulsions	___	___	
Hypertension	___	___	

Is there anything else we should be aware of?

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

YOUTH WITH A MISSION strongly advises each prospective student that the following IMMUNIZATIONS are received BEFORE coming to the school.

- Injective **Polio** vaccine
- **Tetanus toxoid** injection, last injection was 5 years ago
- **Typhoid** vaccine
- **Hepatitis A** vaccine x 3 injections
- **Hepatitis B** vaccine x 3 injections
- **Meningitis** vaccine

MALARIA

You will not need malaria prophylaxis during your time in Kalk Bay, Cape Town.

I have read and understood the above.

Signed: _____

Date: _____



Please return all forms to:

The Registrar
PO Box 4305
Tygervalley 7536
South Africa
Tel: (+27) 21 975 7800
Fax: (+27) 21 975 6271
Email: registrar@mediavillage.info

PHYSICIAN'S EVALUATION

School _____

Starting date: ____/____/____
(day) (mo) (yr)

_____ has applied for service with Youth With A Mission. This program will require good health and endurance. Please fill out the portion below and make any additional comments on a separate sheet of paper. Thank you.

Blood Pressure: _____ Pulse: _____ ECG (over 40):

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses) R _____
L _____

Hearing: R _____ L _____

Are there any abnormalities of the following systems? Please describe fully.

YES NO

Ears/ Nose/ Throat

Eyes

Neurological

Cardiovascular

Respiratory

Musculoskeletal

Endocrine

Lymphatic

Dermatological

Herinal Orifices

Gynecological

Urological

Psychiatric

Would he/ she be able to walk 5-10 kilometers per day? ___YES ___NO

Has the applicant had an HIV test? ___YES ___NO

Additional Comments:

PHYSICIAN'S RECOMMENDATION:

___ Acceptable Without Limitations

___ Not Acceptable

___ Acceptable With Limitations (specify)

___ Should Remain In Areas Where Adequate Medical Care Is Provided

PHYSICIAN'S NAME: (print)

ADDRESS:

PHONE# (_____) _____

DATE: ____/____/____
Month Day Year

PHYSICIAN'S SIGNATURE: _____



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LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper.

A. SPIRITUAL

1. Describe your conversion experience, starting how long you have been a Christian.
2. What was the most valuable lesson that you took from DTS into your life? (if applicable)
3. Describe your present relationship with the Lord, highlighting what principles God is teaching you now.
4. Have you been called to full-time ministry? If YES, give a brief account of your calling.
5. Why have you applied for this school?

B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone & fax number & e-mail address of both the church and the minister/ pastor.
2. If you have been a member for less than two years, please give the details above of the church to which you used to belong (if applicable).
3. Does your pastor/ minister approve of you joining YWAM/ doing this school?
Will your church be willing to send you out as their missionary?
Will your church be willing to support you financially? If answer is NO to any of these questions, please state the reason.
4. In what capacity have you been involved with your church? In your answer, please state where, when and with whom.

C. PERSONAL LIFE

1. Did both your parents raise you? If not, please give details.
2. Describe your present relationship with your parents and the rest of your family.
3. From the following list which words, in your opinion, best describe yourself:

<input type="checkbox"/> active	<input type="checkbox"/> impulsive	<input type="checkbox"/> nervous	<input type="checkbox"/> impatient
<input type="checkbox"/> moody	<input type="checkbox"/> imaginative	<input type="checkbox"/> serious	<input type="checkbox"/> good-natured
<input type="checkbox"/> quiet	<input type="checkbox"/> likeable	<input type="checkbox"/> fearful	<input type="checkbox"/> lonely
<input type="checkbox"/> depressed	<input type="checkbox"/> submissive	<input type="checkbox"/> hurting	<input type="checkbox"/> sincere
<input type="checkbox"/> flexible	<input type="checkbox"/> organized	<input type="checkbox"/> guilty	<input type="checkbox"/> courageous
<input type="checkbox"/> people lover	<input type="checkbox"/> humorous	<input type="checkbox"/> loyal	<input type="checkbox"/> ambitious
<input type="checkbox"/> persistent	<input type="checkbox"/> hard-working	<input type="checkbox"/> self-confident	<input type="checkbox"/> excitable
<input type="checkbox"/> calm	<input type="checkbox"/> easy-going	<input type="checkbox"/> introvert	<input type="checkbox"/> extrovert
<input type="checkbox"/> stubborn	<input type="checkbox"/> self-conscious	<input type="checkbox"/> sensitive	<input type="checkbox"/> optimistic
<input type="checkbox"/> competitive	<input type="checkbox"/> perfectionist	<input type="checkbox"/> insecure	<input type="checkbox"/> practical
<input type="checkbox"/> warm	<input type="checkbox"/> self-sacrificing	<input type="checkbox"/> negative	<input type="checkbox"/> confused
4. Have you ever been involved in: (Please answer each one separately)
A. drug abuse B. alcohol abuse C. occult practice D. sexual immorality?
Do you smoke? If YES, please give details, starting at your present position.
5. What are your interests and hobbies?

D. MEDICAL LIFE

1. Do you have any physical disabilities? If YES, please give details.
2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including maniac-depression, and are you taking any medication? If YES, please give details and what your present situation is.
4. Do you have any learning difficulties? If YES, please give details.

E. OTHER

1. How and from whom did you hear about Media Village, Cape Town?
2. List your previous employers and the positions you have held for the last five years.
3. Should you be accepted, by when do you have to hand in your notice?
4. List the name, addresses, telephone & fax numbers & email addresses of the three people you have handed the confidential reference forms to.
5. Do you believe that you could live under conditions with different foods, cultures and life in a dormitory or small quarters for families?
6. List your abilities and talents (music, photography, writing, graphics, etc.).



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FINANCIAL POLICY

YOUTH WITH A MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The school programs are subsidized from outside sources, and largely the students' fees meet the costs although reliance is placed on God to provide your fees.

As you do the possible, use savings, earn money, sell things you do not need, God will do the impossible as you trust and have faith in Him. In an endeavor to keep costs to a minimum, students are required to do work duties. Students are further advised that they are required to vacate YWAM accommodation on the day the school ends.

THE COSTS

- A non refundable application fee of **R150.00** (3rd-world countries) or **US\$ 50.00** (any other country).
- The fees are for a 3-month semester and only include tuition. The costs for accommodation and meals are over and above the tuition. (Cost for the short-term outreach or internship, after the lecture phase, is in addition to the school fees.)

PAYMENT

- An **application fee** must accompany the application (your application cannot be processed without it).
- Fees must be paid in full on the registration day for each school, unless a payment plan has been agreed with your school leader prior to school start. (Please do not put us in a difficult position without the full payment of school fees. In line with the policy of the University of the Nations, students who are unable to meet their financial obligations will not be allowed to complete their studies. Should you return home, any airfare adjustment fees and expenses will be to your personal account.)
- **School deposit:** When you receive your acceptance letter, please send a non-refundable deposit of the school fees which must be paid prior to the commencement of the school.
- A refundable deposit of R130-00 to be paid on registration for cleaning and a key.
- Fees differ for each course and are available on request.



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FINANCIAL AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form.

FINANCIAL INFORMATION

1. Do you have any outstanding debt? ___ Yes ___ No

If yes

a. How much does it total?

b. How and by when will it be repaid?

2. Do you have sufficient finance to pay for your training? ___ Yes ___ No

If no, how do you intend raising it?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/ we have read and understood the Financial Policy of Media Village, Cape Town. I/ we understand that the payment of the required school fees must be made prior to or at registration, unless otherwise approved in writing by the Training Director, before my departure from Kalk Bay. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant's Signature

Date

IDEMNITY

I/ we do hereby release Youth With A Mission, or Media Village, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Media Village.

Applicant's Signature

Date

Signature of Parent or Guardian if applicant is under 18 years of age

Parent or Guardian Signature

Date

Relationship