



**Application for  
Business Discipleship Training School**

**Welcome to the Business DTS**

Greetings and welcome to the Business DTS application packet! Carefully review the following pages to ensure your application will be processed in a timely manner. Within these pages are guidelines to assist you in properly filling out the forms, the formal application, medical history forms, and personal reference forms. If at any time you have any questions, do not hesitate to email us at [info@bamtraining.org](mailto:info@bamtraining.org).

**About the Business DTS**

The Business DTS has been developed to equip and prepare those called to converge their interest in Business with the universal call to all believers to be a witness to Christ and serve communities around the world.

Whether you are called to serve in your home nation, or to go and serve in other nations, your interest excites us! Business and workplace settings are such strategic contexts to live out the Christian life, and provide numerous opportunities to share and show Christ every day.

During this five-month course we will look at the Biblical basis for business as a catalyst for God's kingdom here on earth. As we dig into God's Word together we'll learn His ways of living and working, while influencing the lives of those around us. For the last two months, the DTS group will go for an outreach to another part of Thailand, or another country in Asia. We will learn from first-hand experience what it means to live and work in a cross-cultural setting.

**Who is Leading this DTS?**

The Business As Mission Resource Team in Thailand is initiating the Business DTS. Those leading the Business DTS possess both a background in business, as well as experience in leading other YWAM DTS's in the UK over the last 20 years. In addition, other experienced and committed staff will come alongside the Resource Team to lead this Business DTS.

**IMPORTANT INFORMATION:**

**When:** 20 January, 2018 to 30 June, 2018. This includes 13 weeks of lectures and training; followed by 10 weeks of outreach.

**Where:** Chiang Mai, Thailand

**Cost:** \$6,500 US dollars course fee. Please read the Financial Policy section for more details of what that includes.

**Administration Fee:** \$60 (Non-refundable)

We look forward to receiving your application packet. Please email with any questions you may have as you work through the application process.

Sincerely,

The Business DTS team

## Business Discipleship Training School Application Guidelines

The application process does require a bit of your time, and this is because we want to get to know you as best we can! It is our intention that the application process serve as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time. Please take the time to read the application guide and use the checklist below it to mark off each completed section.

All the questions on the application must be completed. If you require more space than is provided for any question, please use a separate document to record your responses. You can then email the separate document to us along with the other application forms. If a question does not apply to you, please write N/A (not applicable) in the space provided. Husbands and wives enrolling for the DTS as students must complete separate application forms. We are here to answer any questions you have during your application process, so please don't hesitate to ask by sending an email to: [info@bamtraining.org](mailto:info@bamtraining.org).

- 1. APPLICATION FORM:** Complete and submit to [info@bamtraining.org](mailto:info@bamtraining.org).  
DISCLOSURE OF INFORMATION: Details from this form will be passed on to the University of the Nations (YWAM) for the purposes of recording your record of achievement. It will not be used for any other purpose or given out to any other organization.
- 2. RELEASE** (Page 2 of Application Form): All four releases must be signed before your application can be processed. Please read carefully, sign and date each release.
- 3. ADDITIONAL QUESTIONS** (Page 3 of Application Form): All questions must be answered in a separate document and submitted with your application.
- 4. EMAIL RECENT PHOTO:** Submit to [info@bamtraining.org](mailto:info@bamtraining.org).
- 5. ADMINISTRATION FEE:** A non-refundable fee of US\$60 can be paid through PayPal to: [info@bamtraining.org](mailto:info@bamtraining.org).
- 6. EMPLOYMENT HISTORY:** Please send us a copy of your current Resume/CV with this application form. Please include your most recent employment details, educational achievements and any additional qualifications that you have.
- 7. CONFIDENTIAL HEALTH FORM:** The confidential health form requires the applicant's completion and should then be given to your doctor for his/her completion and emailed directly to THE REGISTRAR at [info@bamtraining.org](mailto:info@bamtraining.org).
- 8. HEALTH INSURANCE:** We require that all students have insurance cover for themselves and all family members who accompany them, for both the lecture and outreach phases of DTS. Proof of insurance should be sent to us when the insurance document is released.
- 9. PERSONAL REFERENCES:** Reference forms need to be completed by: 1)  
Your Pastor/spiritual leader  
2) A friend (who knows you well)  
Please ask your referees to email these reference forms directly to THE REGISTRAR at [info@bamtraining.org](mailto:info@bamtraining.org).
- 10. EMAIL PASSPORT ID PAGE:** Please ensure that your passport is valid for travel with an expiration date of at least six months after the conclusion of the school. Please scan and email us the photo ID page of your passport, and the passport ID page of each family member who is travelling with you.
- 11. VISAS** (International Students): UPON ACCEPTANCE TO THIS SCHOOL, you will receive a visa application and an invitation letter from us to the Royal Thai Consulate General requesting a non-immigrant visa. YOU MUST OBTAIN THIS NECESSARY VISA BEFORE YOUR ARRIVAL. Visas must be obtained at the Thai embassy in your home country.

**EMAIL ALL FORMS TO: [info@bamtraining.org](mailto:info@bamtraining.org)**

- 12. FINANCIAL INFORMATION SECTION:** Every staff person in Youth With A Mission is responsible to provide his or her own fees and personal living expenses. Each prospective student is expected to do the same. Please refer to the Financial Policy below for the breakdown of DTS fees.

**FINANCIAL POLICY****What the Fees Cover:**

The DTS fee of US\$6,500 covers the registration fee, cost of tuition, food and lodging, and local transportation during the lecture and outreach phase. (Please note: Applicants need to pay for their visa to Thailand and for outreach phase countries. The required Non-Immigrant visa for Thailand is approximately US\$200 per person, but visa fees will vary slightly from country to country. We will work closely with you to obtain this visa.)

No DTS staff member receives any income from the school.

**Due Dates for Payment:**

<b>Administration fee</b>	US\$60 due with Application (Covers the cost of processing your application)
<b>Registration fee</b>	US\$300 due when acceptance letter is received (Confirms your acceptance of our offer of a place)
<b>Balance of DTS fees</b>	US\$6,200 due on arrival

**Costs for Children:**

Dependent on the age of your children there will be a cost associated with their housing, food and childcare. Please inquire further for more details.

**Scholarships Available:**

There are a limited number of available scholarships. These will be available to people with lower personal income and/or from developing countries. Please contact the school leader for more information.

**IMPORTANT – ALL FEES PAYABLE IN US DOLLARS OR THAI BAHT ONLY**



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

**Skills, Gifts and Hobbies:**

Occupational Skills \_\_\_\_\_  
 Musical and Other Talents \_\_\_\_\_  
 Other Achievements & Qualifications \_\_\_\_\_

**Educational History:**

Secondary/high school or equivalent, from which you graduated or will graduate \_\_\_\_\_

Date of Graduation \_\_\_\_\_  I did not complete high school

Colleges, universities, vocational schools or seminaries attended:

Name _____	Location: _____	From _____	To _____
Name _____	Location: _____	From _____	To _____
Name _____	Location: _____	From _____	To _____
Name _____	Location: _____	From _____	To _____

**Financial Support:**

Do you have your complete school fees?  Yes  No If no, how much do you have at this time? \_\_\_\_\_ (in US Dollars)

If no, how do you plan to pay for your school fees? \_\_\_\_\_

Do you have any financial obligations? (e.g. credit card debt, house payments, ongoing non-DTS expenses, etc.)

Yes  No Please explain: \_\_\_\_\_

*I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to or upon my arrival unless otherwise approved by the school leader before my departure to Thailand. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth with a Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, rules and schedule of the school.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**

*I/we do hereby release Youth with a Mission, 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 Youth with a Mission.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

**Consent for Burial**

Normally, your healthcare insurance will cover the costs related to the shipment of your body to your home country or alternative burial costs at the location of death. However, in some situations this may not be the case. Please read your policy exclusions carefully. In the unlikely event that you should die during the school or on outreach, every possibility will be sought to contact your family and fulfill their desires. However, in the event that they cannot be reached within a reasonable time frame, we need you to sign the following agreement:

*I agree, in the case of my death while in Youth with a Mission, that they may carry out the burial in the location of death. If my family desires to see the body shipped home, I understand that they will need to cover all expenses incurred. I hereby absolve Youth with a Mission, its staff and associates, from any responsibility for burial or repatriation costs. 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 \_\_\_\_\_

Children's Name (print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

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

**Additional Questions for Applicants**

*In order for us to get to know you better, please prayerfully answer the following questions in as much detail as you possible. Please answer these questions in a separate document, and email them with your application.*

**Tell Us About Yourself**

1. Personal History: Please summarize your life story so far, including your coming to faith in Christ, and how you live out your life now as a follower of Christ.
2. Describe your LONG-TERM GOALS. Has God spoken to you about your life calling? Is He leading you into any particular area of ministry?
3. Have you had any MISSIONS EXPERIENCE and/or experience in other cultures? If so, where and what type(s) of ministry were you involved in?
4. What are your HOPES and EXPECTATIONS for yourself during this DTS?
5. How do you think you would cope with CHALLENGING SITUATIONS, like different food and culture, dormitory housing, or small quarters for families?
6. How would you describe your RELATIONSHIP WITH YOUR FAMILY? Include how they feel about your plans to attend this YWAM program.
7. Describe your RELATIONSHIP WITH YOUR LOCAL CHURCH. Include areas where you have been involved in service and leadership.
8. Have you ever been convicted of a crime. If so, please explain.
9. Please tell us here about any ADDICTIONS that you are struggling with, or have done in the past. (food related, alcohol, tobacco smoking, drugs, pornography)
10. Please list any SPECIAL CIRCUMSTANCES or situations that we should know about.

**Reasons for Applying for This Course**

1. What role do you see business playing in your personal vision/plans for the future?
2. How do you think the course will be beneficial to your ongoing business and personal development?
3. What is your vision for the next 3-5 years?

**Business Discipleship Training School  
Confidential Health Form**

**To the Applicant: This information will be treated as confidential.**

*Please print or type answers to ALL questions and take both Parts A and B to your physician. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant.*

School you are applying for: \_\_\_\_\_ Starting Date: \_\_\_\_\_

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

last (surname) first middle DD MM YYYY

**Part A: Personal History**

*Upon acceptance, we ask that you would see your doctor to find out what immunizations they recommend if you are travelling to Asia. Due to the varied outreach locations, other immunizations, injections and malaria medication may be recommended and can be obtained before outreach.*

*Please complete the requested information below. Comment on all positive answers in the space below, or on a separate page. The omission of health history problems or incomplete explanations of the same can lead to removal of acceptance status.*

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

	NO	YES
Skin condition		
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		

	NO	YES
Low blood pressure		
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		
Dengue fever		

\* If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

Have you ever had any of the following communicable diseases?

	NO	YES
Chicken pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet fever		
Tuberculosis		
Other (specify)		

Females Only:

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

*If you answered YES to any of the questions, please explain:*

---

---

---

---

---

---

---

---

---

---

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

**Surgeries Performed:**

Date (month/year)	Type of surgery	Outcome and long-term effects

**X-Rays Performed:**

Date (month/year)	Type of X-ray	Result

Please describe any mental health issues you have: \_\_\_\_\_

Have you ever been tested for HIV?  Yes  No If yes, what was the result?  Negative  Positive

Are you presently under a doctor’s care for any condition?  Yes  No If yes, please specify: \_\_\_\_\_

Are you taking any medication at this time?  Yes  No If yes, please specify: \_\_\_\_\_

***Please arrange to have all necessary long-term medications with you.***

**Family History:**

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

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			



**Part B: Physician’s Evaluation**

Applicant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_  
last (surname) first middle

**To the physician:**

*Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by a health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included*

**To the applicant:**

*If you have ever been vaccinated for cholera, typhoid, or yellow fever, please check the box below and bring that information with you.*

I have been vaccinated for the following:     Cholera     Typhoid     Yellow Fever

**Childhood Record of Immunizations (basic):**

	DD/MM/YY	DD/MM/YY	DD/MM/YY
Diphtheria			
Tetanus			
Pertussis			
Polio			
Rubella			
Measles			
Mumps			

**Adult Record of Immunizations (booster):**

DD/MM/YY	DD/MM/YY	DD/MM/YY

**Tuberculosis Control**

*Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.*

	Date	Result	Examination Facility
Skin Test*			
Chest X-Ray			

*\*If your skin test is positive you MUST have a chest X-ray.*

Date of last DT (Diphtheria/Tetanus) booster:    Day \_\_\_\_\_    Month \_\_\_\_\_    Year \_\_\_\_\_  
 (Must be within the last five years)

Height: \_\_\_\_\_    Weight: \_\_\_\_\_    Overweight: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_    Pulse: \_\_\_\_\_    Blood Type: \_\_\_\_\_  
 Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses): R \_\_\_\_\_ L \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Are there any abnormalities of the following systems? (please describe fully)**

E.N.T. \_\_\_\_\_  
Ophthalmological \_\_\_\_\_  
Teeth \_\_\_\_\_  
Neurological \_\_\_\_\_  
Cardiovascular \_\_\_\_\_  
Respiratory \_\_\_\_\_  
Musculoskeletal \_\_\_\_\_  
Endocrine \_\_\_\_\_  
Lymphatic \_\_\_\_\_  
Dermatological \_\_\_\_\_  
Hernial Orifices \_\_\_\_\_  
Urological \_\_\_\_\_  
Psychiatric \_\_\_\_\_

Recommendations for follow-up tests/treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of applicant's first visit to your office: \_\_\_\_\_ Date of applicant's most recent visit: \_\_\_\_\_

**Physician's Recommendation**

*(check one)*

- Acceptable without limitations
- Acceptable with limitations (specify) \_\_\_\_\_
- Should remain in areas where adequate medical care is provided (specify) \_\_\_\_\_
- Not acceptable

Physician's Name (print): \_\_\_\_\_

Name of Clinic/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_