



Application for Business Discipleship Training School

Welcome to the Business DTS

Greetings and welcome to the Business DTS application pack! 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 correctly 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.

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 through first-hand experience what it means to live, work and serve in a cross-cultural setting.

Who is Leading this DTS?

The Business DTS is one of the primary training programs for the Business As Mission (BAM) Resource Team based in Thailand. Those leading the Business DTS possess both a background in business, as well as experience leading other YWAM DTSs over the last 20 years. The Business DTS benefits from a rich network of globally renowned speakers, business leaders, and BAM practitioners who teach in our lectures, and facilitate the internships and businesses we partner with.

IMPORTANT INFORMATION:

When: 19 January, 2019 to 7 July, 2019. This includes a 13-week lecture phase and 11 weeks of outreach.

Where: Chiang Mai, Thailand

Cost: \$6,500 US Dollar course fee. This fee covers: Lecture Phase costs, Outreach costs, and South-East Asia regional flights. (Please read the Financial Policy section for more details of what that includes.)

Administration Fee: \$60 (Non-refundable)

We look forward to receiving your completed DTS application form. 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 is also a valuable process that serves you too. Please take the time to read the application guide and use the checklist below 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.

- 1. APPLICATION FORM:** Complete and submit to 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.
- 5. ADMINISTRATION FEE:** A non-refundable fee of US\$60 paid through PayPal to: 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.
- 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 two people, other than your family members:
 - 1) Your Pastor/spiritual leader
 - 2) A friend (who knows you well)Please ask your referees to email the completed reference forms directly to 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 multi-entry 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

- **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. It also includes the cost of travel to the outreach country if that location is one of Thailand's neighbouring South-East Asian countries.

(Please note: Applicants need to pay for their visa to Thailand, and for any outreach countries. The required Non-Immigrant visa for Thailand is approximately US\$200 per person, but visa fees will vary slightly depending on your passport 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

Administration fee	US\$60 due with Application (Covers the cost of processing your application)
Registration fee	US\$300 due when you receive our acceptance letter. (This deposit confirms your acceptance of our offer of a place on the Business DTS.)
Balance of DTS fees	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: _____
MM YYYY

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		NO	YES
Skin condition			Low blood pressure		
Eye trouble			Allergy: Bee stings*		
Ear trouble			Allergy: Penicillin		
Head injury			Allergy: Sulfonamides		
Recurrent headaches			Allergy: Serum		
Epilepsy			Allergy: Food (specify)		
Fainting spells			Tumor/Cancer		
Mental/Nervous disorders			Heart trouble		
Weakness			Rheumatism/Arthritis		
Paralysis			Back problems		
Insomnia			Dislocation of joints		
Shortness of breath			Broken bones		
Hay fever			Stomach/Duodenal ulcer		
Asthma			Gall bladder problems		
Hepatitis			Jaundice		
Recurrent diarrhea			Intestinal troubles		
Kidney disease			Diabetes		
Venereal disease			Anemia		
High blood pressure			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: _____