



# Student Application Form

## Discipleship Bible School

Youth With A Mission  
**Madang,**  
Papua New Guinea

The **Discipleship Bible School (DBS)** is a **second level school** designed for those who have previously completed a DTS to provide a deeper understanding of God through his word. It's a perfect way to continue your journey in knowing God and making Him known. The program consists of a **12-week** introduction to the Bible. During the DBS, you will saturate yourself in God's changing story by **reading the whole Bible chronologically** and learn techniques for effective Bible study. You will discover God's redemptive plan in the Bible, be transformed by the WORD and will fall in love with the one who wrote it.

Sound exciting? Then fill out the **following application** to begin this process! All the questions on the application must be completed. Then find three mentors who fill in the separate **reference** forms. Full **school fees** need to be paid by the time the school begins, otherwise you can make arrangements with us.

If we can help, please don't hesitate to contact us.

For more info please feel free to contact DBS School Leader Michael Mek +675 7105 4439 Whats app or email [joinus.madang@ywamships.net](mailto:joinus.madang@ywamships.net)

We look forward to receiving your application!

The application process has several parts. Please read each section carefully before completing your application form.

### **Application Form**

see below

### **Disclaimers and Declarations**

We require your signature on this form, so please print out and submit with your references and staff fees. Read carefully and consider each section, then sign in the space allocated to show you understand and agree. If you have any questions, please don't hesitate to ask us before you sign

If you are under 18 years of age at the time of signing, your parent or legal guardian must also sign.

### **References**

Each application requires references from:

- Past or present YWAM leader  
(someone who has had day-to-day authority over you, for example  
DTS leader, outreach leader, one-on-one)
- Spiritual leader (Pastor, spiritual mentor, Church etc.)
- Friend or Family member, someone who knows you well

### **Photograph**

Please provide us with a clear, recent photograph of yourself, showing what you look like in day-to-day life

### **DBS Lecture Phase cost:**

Papua New Guinea residents: Kina 3,500

International Students: USD \$1500

Lecture Phase costs include accommodation, meals, tuition and all course activities. They do not include your transport to Madang, any necessary Visa for Papua New Guinea, or personal expenses such as toiletries, snacks...

The **outreach cost** will be discussed during the lecture phase period.

### **Visa information**

This does not apply to applicants from Papua New Guinea!

It is your responsibility to ensure you hold a valid visa for Papua New Guinea at all times. Please go to the Immigration Papua New Guinea website to make sure you understand the restrictions of your visa and that you meet the criteria of the visa you are on. Immigration Papua New Guinea website is <https://evisa.ica.gov.pg/evisa/account/Apply>

Personal Details			
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)		
First name		Middle name(s)	
Surname			
Preferred name (nickname)			
Date of birth (day/month/year)		Current age	
Birth place			
Citizenship(s)			
Passport number		Passport expiry (day/month/year)	
Place of issue			
Visa and date of expiry			
Phone number			
Email address			
Permanent Address			
Street			
City			
State/Province			
Postcode		Country	

Emergency Information	
Who should we contact in case of an emergency?	
Name	
Address	
Phone	
Email address	
Relationship to you	

Marital Status			
Marital status			
Spouse's name (if married)			
Date of Marriage		Is your spouse coming also?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are widowed, separated or divorced, please explain for how long and give us a little bit of background on it.			
Do you have any children or dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are they coming too?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Past YWAM experience, education, work experience and skills			
Which YWAM base did you do your DTS at and what kind of DTS was it?			
Country		When	
Where did you go on outreach?			
Have you previously done any other training or schools with YWAM? If so, please give details of school, base, dates			
Are you currently staff at a YWAM base (or previously staff). If so, please give details of role, base, dates etc			
Do you have any other missions & ministry experience or training?			
Please list your hobbies, abilities and talents (music, art, sports etc)			
Highest school or university/college level completed			

Where		When	
What occupational or professional skills / qualifications do you have?			
What full time / part time jobs have you had? (description and length of time / date)			

### Languages and English Proficiency

What is your home language	
List any other languages you speak	
If English is your second language, please rate your abilities below	
	1 = unintelligible 6 = close to native speaker
Speaking	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Understanding spoken English	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Writing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Reading	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>

### Home Church Information – please give details for the church you currently attend

Name of church	
Address	
Denomination	
Pastor's name	
How long have you been attending?	
Is your church supportive of your decision to do a DBS at YWAM Mt. Hagen? With whom have you discussed this application?	
Give a brief summary of your involvement in your church:	

## Personal Historical Background

Briefly describe your conversion. How did you become a Christian?

How is your relationship to God?

Are there any unresolved conflicts in your relationships you can identify? Give details

What is your family's opinion on your involvement with YWAM?

Do you have any present or past struggles with tobacco, alcohol or drugs? Give details

Do you have any past criminal convictions? Please provide details

What problems, hurts or trials have taught you about life and your relationship with God?

Why do you want to do a Discipleship Bible School? Areas you want to grow?

## Finances

Do you have the complete finances to pay for this school?

Lecture phase: Yes ☐ No ☐

Outreach: Yes ☐ No ☐

If not, how much do you currently have?

How do you anticipate the provision of the remaining amount?

Do you have regular support? Give details

Are you in dept (to your base or others)? Name and Amount

## Health History

How would you rate your overall health?

☐Excellent ☐Good ☐Fair ☐Poor

Can you carry out reasonably strenuous physical work on a daily basis?

☐Yes ☐No

Do you have any physical illness or condition (past or present) we should be aware of? (If so please explain)

☐Yes ☐No

Do you have any other mental illness or condition (past or present) we should be aware of? (If so please explain)

☐Yes ☐No

Are you currently taking any medication?

(If so please explain what, why, and how long you expect to be on it)

☐Yes ☐No

Do you have any physical impairments, handicaps, or health conditions, which require special accommodation or adaptations?

☐Yes ☐No

Have you ever had (or do you have) any of the following communicable diseases?	
Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV (Aids)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pertussis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
For woman only – are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Immunization history</b> Please write the date of the last immunization you have for each of the following			
Hepatitis A		Hepatitis B	
Typhoid		Tetanus	
Diphtheria		Polio	
Measles/Mumps/ Rubella (MMR)		others	

<b>References</b>	
Each application requires references from each of the following: - YWAM Leader - Pastor / Spiritual Leader / Church - Friend / Family Member	
YWAM Leader Reference	
Name	
Address	
How do you know them?	
Pastor / Spiritual Leader / Church Reference	
Name	
Address	
How do you know them?	



Friend / Family Member	
Name	
Address	
How do you know them?	

**To the best of my knowledge, the information in this application is correct and accurate**

**Application Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's Signature<sup>1</sup>** \_\_\_\_\_ **Date:** \_\_\_\_\_

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<sup>1</sup> Required if applicant is under 18 years old at time of signing