# YWAM Livingstone/University of the Nations

(SCHOOL MODULE APPLICATION FORM 2018-2020)

		Personal	Information				
Full names exactly	y as in passport						
Date of birth		Place of Birth			Sex	F	М
Street address							
Email address			Passport Number				
Married?	Widowed?	Separated?	Divorced? Engaged? Single?				
Details of family 1	members accompar	nying you					
Spouse Names			Birthdate (dd/mm	/yyyy)			
Son/daughter			Birthdate (dd/mm/yyyy)				
Son/daughter			Birthdate (dd/mm/yyyy)				
Contact details for next of kin							

Thank you for applying to YOUTH WITH A MISSION Livingstone! May you know God's grace as you seek His direction and perfect will in your life. In order for us to process your application, we must receive **all** the forms completed by you or the people concerned. If a question does not apply to you, please write N/A in the space. Husbands and wives enrolling as students must complete **separate** applications but still pay only <u>one</u> application fee. Our prayers are that you enjoy God's favour and grace in the whole application process!

**1 APPLICATION FEE**: A non-refundable Application fee of ZMK100 is to be forwarded with this application by all Zambian applicants resident in Zambia. Zambians and all international students applying from outside Zambia, they shall pay US\$70 (husband and wife or siblings attending the same module shall pay US\$100 for both if applying together). Please email the details of your payment as soon as it is done. Your application cannot be processed without it. Money can also be sent through MoneyGram (provided the full name of the Director at YWAM Livingstone is used, Reference Numbers included, and an email sent specifying the purpose of the money transfer), but the ideal is to wire the application fee to the account given below: NAME: Youth With A Mission, ACCT#: 0432067400191, BANK: Zambia National Commercial Bank Ltd, Main Branch, Livingstone, ZAMBIA. SWIFT CODE: ZNCOZMLU. In all cases, scan and email a receipt of your payment to the registrar so that it is clear your funds are being processed by the banking system.

**2 FINANCIAL AGREEMENT**: Please read carefully, complete and sign the Financial Policy and Indemnity Form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy. Your typed name anywhere on a soft copy of this application shall provisionally represent your signature.

**3 REFERENCE FORMS**: You need to make 2 copies of the Confidential Reference Form and on each one fill in your name, the name of the school you are applying for, and the starting date. Hand one to your pastor, one to each of your two other referees (one of these is your last YWAM School/staff Leader (if you have done a YWAM School or have staffed in YWAM). Ask them to complete the form and post it directly to YWAM Livingstone. We must receive at least two of the reference forms BEFORE we can process your application. **Please submit two recent passport-size photographs with your application**. *IMPORTANT!* All students are encouraged to apply early, generally about 2 months prior to the start of the school. We stop accepting students 5 days before the first day of class but strongly discourage late applications as it upsets the bonding process of the class in progress.

Write a <u>testimony</u> of when and how you got saved (born-again) giving details of the changes in your life and the state of your spiritual walk today.

### **ADDITIONAL INFORMATION**

Name of Pastor	Email Address												
Language proficience	cy	1	2	3	4	5	6	1 = very little, $6 =$			= mother tongu		
English													
French													
Portuguese/Spanish													
Any other Language													
YOUR HIGHEST									-	UES			
Years of Primary school completed				1	2	3	4	5	6	7	8	9	
Years of Secondary school completed			1	2	3	4	5	6	7	8	9		
Years of College/university completed				1	2	3	4	5	6	7	8	9	
Are you pursuing a UofN degree?						Whi	Which College						
Physical height Weig			ht			Blood type Aller					rgies		
specify drugs and conditions													
Are you on a special diet? Yes? No?					e you able to walk 5 miles (8km) in one day?								
	T	lled fro								?	NO		
Have you ever beer Have you received		in any							YES	S:	NU_	?	
Have you received	a "D"	•	LE	CGAL	COM	MITM	IENTS						
Have you received In the case of an eme	a "D" ergency	y I/we ]	LF hereby	CGAL agree	COM to the	MITM perfori	IENTS	of such 1	treatm	ent, inc	cluding	·	
Have you received In the case of an eme anaesthesia and surg	a "D" ergency ery, as	y I/we I the att	LE hereby ending	CGAL agree docto	COM to the r or ph	MITM perform	IENTS mance on may c	of such the	treatm	ient, ind y. App	cluding licant's	dated	
Have you received	a "D" ergency ery, as ignatur	y I/we I the att	LF hereby ending rent/G	CGAL agree docto uardia	COM to the r or ph n (with	MITM perform nysiciar h an ex	IENTS mance n may c planati	of such t leem new on of sig	treatm	ient, ind y. App	cluding licant's	dated	
Have you received In the case of an eme anaesthesia and surg signature, or dated si	a "D" ergency ery, as ignatur	y I/we I the att	LF hereby ending rent/G	CGAL agree docto uardia	COM to the r or ph n (with	MITM perform nysician h an ex 18 year	IENTS mance n may c planati	of such t leem ne on of sig e.	treatm	ient, ind y. App	cluding licant's	dated	

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1					T				
	to the following two declaration								
submit myself to YWAM leadership and co-operate with them at all times for the duration of my									
involvement w	ith this mission and its progra	ıms. (	(B) I decla	are that the conter	nts of this application form				
are correct and	l truthful and if found to be ind	corre	ct, I accep	ot responsibility for	or any consequent liabilities				
arising from ir	accuracies in this application	and v	waive my	right to challenge	e YWAM's final decision.				
Signed	Date			Applicant's signa	ature in this line				
FINANCIAL	AGREEMENT								
Do you have o	utstanding debts? YES	?	NO?	How much?					
How and by w	hen do you intend to pay it?			1					
Do you have s	ufficient finance to pay for yo	ur tra	aining? If	no, how do you ii	ntend raising it?				
DECLARATIO	ON OF FINANCIAL RESPON	SIBI	LITY						
I/We have read	d and understand the Financial	l Poli	cy of YW	AM Livingstone.	. I/We understand that the				
payment of the	e required school fees must be	mad	e prior to	or at registration,	unless otherwise approved				
in writing by t	he Director. Further, I agree to	mee	et in a tim	ely manner, prior	to the completion of the				
school, all pers	sonal expenses incurred during	g my	involvem	ent with Youth W	Vith A Mission, and that				
failing to do so	o, the cost of recovering any o	utsta	nding fee	s due to YWAM s	shall be borne by us/myself.				
Parent/Guardia	an is required to sign if applica	ant is	under 18	years of age.					
Signed	Date			Relationship					
Signed	Date			Applicant's signa	ature in this line				
	I			- 11					
IN	DEMNITY AGREEMENT								
I/We do here	by agree that I will not hold	d Yo	outh With	A Mission, its	staff, agents and volunteer				
assistants responsible for any illness, injury, damage or loss incurred by me during the course of									
involvement with Youth With A Mission.									
I/We further agree that in case of illness or death all the costs of medication, transportation or burial will									
be borne by the family (parent/guardian or next of kin). In case of death, and my family is not able to									
transport my body home for burial, we/I allow YWAM Zambia to bury my body in the country of my									
1 ·	r declare that I have satisfied a								
to travel and live in Africa for the duration of the School.									
Signed	Date			Relationship					
Signed	Date			Applicant's signa	ature in this line				
<u> </u>									

NB: For students making use of this or online applications and have no digitized signatures, your typed name and the date anywhere on the application shall be deemed to represent your signature.

## FINANCIAL POLICY 2017-2020

#### <u>IMMIGRATIONS RELATED COSTS</u>

#### Interns & Outreach Participants Coming For One Month

Go online and request for a Business Visa, pay for your visa (single entry is usually US\$50). Leave the country on the 30<sup>th</sup> day of your visa validity. Business Visas cannot be extended or changed once issued.

#### Seminar & Modular Course Students

Enter Zambia on a **Business Visa** and apply for a study permit within two weeks of your arrival.

Temporary Employment Permits Requirements (for internships, seminars, & outreaches longer than 30 days but less than 120 days): Police Clearance Certificate, certified copies of academic credentials, and proof of support for the duration of the program (a return ticket may be requested too).

#### Study Permits Requirements (for students taking any program that is longer than 120 days).

- 1. Police clearance certificate from country of origin or residence and 2 passport sized pictures.
- 2. Certified to be free of Tuberculosis from a government hospital in your nation within the last 10 days.
- 3. Sufficient finances to pay for the course and a valid return ticket.

#### DIRECT COSTS

A local (Livingstone) outreach has been assumed for planning purposes. Application fees are not included (paid with application forms), but the cost of food, tuition, and boarding has been included. All short-term international students will be admitted on **30-day Business Visa** and they will continue their stay on a **90 to 180-day Temporary Employment Permit**. However, The cost of getting permits depend on where it is processed. **Study permits** costs (approx. US\$150) and the **Temporary Employment Permit** for volunteers costs US\$250 for volunteers and Church workers. You may be escorted to the Immigrations Headquarters in Lusaka by a member of staff therefore, budget and additional US\$200 for permits issued from Lusaka. Course fees exclude visas and permit charges, medical expenses, and other personal expenses.

#### FEES BASED ON 12-WEEK CLASSROOM PHASE WITH A 12-WEEK LOCAL FIELD OUTREACH!

#### PAYMENT PLANS (After paying the non-refundable application fees)

• Normal plan: 100% before or on the day of registration. Early payment must be wired directly to our Bank account at Zambia National Commercial Bank a week before you arrive at the YWAM Base.

• <u>Deferred plan</u>: (Only with permission from the Base Director) 66.66% must be paid two weeks before or on registration day and the balance paid four weeks later.

• Students coming from the top 25 national economies (Category A) = US1500, local students (K6,000); All Other Students: US750 for Lecture and Outreach phases and local transport only. Please budget with the cost of visas, permits, and personal items in mind!

• **<u>RESIDENTIAL SEMINARS</u>** Categories B and A = US\$100 and Category C = US\$50 per week.

#### ■ IMPORTANT THINGS TO REMEMBER ABOUT OUR FINANCIAL POLICY

We are a Faith-based missionary community teaching people to live as contributors in their communities. YWAM's international mission values being multi-ethnic and international; therefore our fees are intended to facilitate those making long-haul flights to Livingstone more affordable. Since our financial policy does not cover personal expenses like visas, leisure, health-care, accidents, disasters, and the like, the student is encouraged to take out travel insurance to cover such needs.

#### **REFUND POLICY**

YWAM Livingstone has limited space; therefore, cancellations deprive other prospective students of a place and pass the cost of an empty bed to the Base community. For this reason, our refund policy is as follows: Cancellation in the first week = 75%, second week = 50%, third week = 25% fourth week or later = 0% refund. Cancellations three days before the start of a school, internship, or outreach carries a penalty fee of 15% of the course fees (we start incurring costs long before students arrive). The cost of refunding students who qualify for a refund will be passed on to the students. Students with disciplinary issues (breaching state or community rules) do not qualify for any refunds.

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### **UOFN/YWAM LIVING STONE CONFIDENTIAL REFERENCE FORM**

NAME: SCHOOL APPLIED FOR:														
The above named applicant has applied for admission to the above-named school at Youth With A Mission Livingstone. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her needs should he/she be accepted into the program applied for.														
How long have you known the applicant (circle # of years right)? 1 2 3 4 5 6									1					
In what capacity?									Business Related?					
	School rela	Family connection?												
How well do you the applicant (on a scale of 1 to 9)? 1 2 3 4 5 6 7 8 9									9					
For how long has applicant attended your church?123456789									9					
In what ways has the	applicant been	involved in th	e church	and its	prog	gram	?							
In your association w	ith the applican	t, what level c	of comm	itment h	ave	you	seen	exer	nplif	ied?				
Faithful	I	nconsistent		Erratio	;			Unc	omm	itted	l			
In your consideration	, which of the f	ollowing best	describe	s the app	olica	ant's	Chri	stian	expe	erien	ce?			
Mature	re Genuine and growing Superficial/over-emotional							onal						
Rate the applicant in the areas below using the most applicable descriptor (good, fair, or poor).														
Initiative	Grooming		Leaders	ership			Followership							
Industrious	Cooperatio	n	Stability	7	Punctuality									
Adaptability	Discipline		Temper	ament	Flexi			ibility						
Reliability	Character		Under s	tress			Stewardship							
Perseverance	Attitude to	other race in	mixed te	am			Spee	ech						
Please highlight words or descriptions which fit the applicant: impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behaviours (drug use/sexual immorality), unable to cope with stress, erratic, loner, depressed, vengeful, history of clinical treatment for depression, insomnia, fits of rage or mental illness, etc. Kindly shed more light on any word you have circled (use extra paper if necessary).														
Is the applicant financially responsible? Comment														
Does he or she respond well to authorities? Comment														
Do you recommend her/him wholeheartedly? Comment														
I declare that the contents of this confidential reference are correct to the best of my knowledge.														
Name			Signed					Date	•					
Your e-mail address: Email us at: YWAM.livingstone@gmail.com														

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### **PHYSICIAN'S EVALUATION**

Name of Applicant:

School

#### • IMMUNIZATIONS

Because of the nature of missionary work, there is a higher risk of exposure to communicable diseases. YOUTH WITH A MISSION does not take any responsibility for any kind of contamination or infection.

YOUTH WITH A MISSION Livingstone strongly advises each prospective student to ensure that the following IMMUNIZATIONS are received BEFORE coming to this campus.

1) Injectable or oral Polio vaccine. 2) Tetanus toxoid injection if last injection was 5 years ago. 3) Typhoid vaccine. 4) Hepatitis A and Hepatitis B vaccines x 3 injections. 6) Meningitis vaccine. 7) Rabies is optional.

All of the above are optional except <u>YELLOW FEVER</u> vaccination. A valid yellow fever card is necessary for entry into Zambia (if you are coming from a Yellow fever endemic country). Your country may require it from you for re-entry into your own country even if Zambia is not a Yellow Fever country.

#### • TO THE PHYSICIAN:

The above-named person has applied for admission to a residential educational program of YOUTH WITH A MISSION Livingstone, Zambia. This will require good health and endurance besides sharing rooms with other students. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure	Pulse	ECG (Over 40)	Visual acuity: (Without glasses) R	L (With
glasses) R L	Hearing:	R L		
Are there any abnor	malities of t	he following system	ns? If so, Please describe fully.	
Ears/Nose/Throat/Eye	es:			
Neurological:				
Cardiovascular:				
Respiratory.				
Musculoskeletal:				
Endocrine				
Definatological				
Hernia Orifices				
Gynaecological				
Urological				
			al Depression? and similar?)	
Would he/she be able	to walk 5 - 1	10 kilometres per da	y?YESNO	
Additional comments				
• PHYSICIAN	<b>V'S RECOM</b>	MENDATION:		
Acceptable without li	mitations			
		ify)		
Not acceptable		<b>J</b> /		
	s where ade	quate medical care is	provided	
Physician's name: (Pr	int)		·	
Address:	/			
Phone:	Date:	Physician	n's signature:	
PLEASE MAIL THI				
The Registrar, YWA				
			583 8330 (cell) or +260979363711	
			<u>yahoo.com</u> , or info@ywamlivingstone.	org
WEBSITE: www.yw	00			0
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