



Workshop Student Application

Biogas Technology Workshop

Workshop Starting Date _____ Month _____ Year ____

Personal and Contact Information

Name *(as it appears on your passport)*

Surname: _____ First Names: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Marital Status: Single/ Married/ Divorced/ Widowed **Gender:** Male or Female

Married couples please fill out separate applications. Give children's name, age, and gender on separate paper.

Permanent Address

Phone number _____

E-mail address _____

Passport, Nationality and Language Information

Nationality: _____

Passport Number: _____ Expiry Date: _____

What languages do you speak fluently? _____

Emergency Information

In case of an emergency contact: _____

Relationship: _____

Address: _____

Phone: _____

In case of emergency, I agree to the performance of such treatment, including anesthesia and surgery as the attending doctor, or physician may say is necessary.

Applicants Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____
(if applicant is under 18 years)

Confidential Health Information

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

Epilepsy	yes/no	Heart trouble	yes/no
Mental or nervous disorders	yes/no	High blood pressure	yes/no
Mental illness	yes/no	Diabetes	yes/no
Hay fever, asthma	yes/no	Back problems	yes/no
Allergies	yes/no	Hepatitis	yes/no
Surgery	yes/no		

If yes, please explain

Do you have any physical disabilities we should be aware of?

Are you taking any medication or under a doctor's treatment at this time?

Do you have any special dietary needs? (i.e. vegetarian, food allergies)

Are you allergic to any medication? YES _____ or NO _____

If YES, what medication? _____

Have you seen or are you seeing a professional counselor for any issues? What issues?

Blood type (A,B, AB, O) _____ Do you smoke? _____

Immunizations *The Minister of Health recommends the following immunizations before entering Samoa: Hepatitis A, Hepatitis B, Typhoid, Tetanus. (There is a high incidence of typhoid here.) We strongly advise for overseas students to have Medical Insurance.*

Financial Information

Fees are determined by a per capita income scale depending on what country you are from. This helps students from nations with lower economies to attend. We will let you know what category you qualify for upon acceptance. Here are the costs for each category:

World A	World B	World C
Registration Fees: \$35 USD	Registration Fee : \$35 USD	Registration Fee : \$35 WST
Workshop Cost: \$150USD/week	Workshop Cost: \$100USD/week	Workshop Cost:\$100 WST/week

All students **are to pay the full registration fee and at least half of the course fees before the start of the course.** The rest of the course fees are to be paid before the end of the second week of the course.

Do you currently have any outstanding debt with YWAM Samoa? YES _____ NO _____
If yes, you must pay it before registering for the Biogas Workshop.

Do you have any outstanding debt outside of YWAM Samoa (eg. Other YWAM bases)?
YES _____ NO _____

International students must have a valid passport (valid for over 6 months) and a return ticket, upon arrival to Samoa.

Please give a contact name and number/email of a staff person at your previous base that can be a financial reference. _____

Please answer the following Questions. Use a separate piece of paper if you need more space:

1. State your reason(s) for applying. What is your ultimate purpose upon completion of the Biogas Technology Course?

2. Level of Education completed : (please tick one)

- Primary (elementary)
- Secondary
- Tertiary/University

3. English Proficiency : (tick one)

- Not fluent
- Fluent
- Professional
- Native

4. Are you pursuing a University of the Nations Degree? (tick one) :

YES ___ NO ___

5. If YES, what degree? : _____

6. Describe what you have been doing since the completion of your DTS (education, job, mission experience, etc.).

7. At which YWAM bases have you taken schools or served as staff?

8. All participants are required to commit to ALL the daily activities and coursework. Is there any reason why you will not be able to participate in ALL the daily activities and coursework? Please state your reason on the space provided

below :

9. If you were not accepted as part of this Biogas Technology Course, what would you do instead?



REFERENCE FORM – Pastor / Leader

Applicant : Fill in your name and sign below. Then give it to your Pastor with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name _____

Applicants Signature _____

Date _____

The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Samoa. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? _____

How long have you known the applicant? _____

How does the applicant respond to correction? _____

In your opinion, is the applicant called to missions or Christian service?

How does the applicant deal with relationships with the opposite sex?

Have you noticed tobacco or alcohol use? _____

Please comment on the applicant's family background. _____

In your opinion, what are the applicant's strengths and weaknesses?

Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
Flexibility							
Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							

Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

I declare that what I have written is correct to the best of my knowledge.

Signed _____

Name _____

Position _____

Address _____

Phone _____

Email _____

Would you like more information on Youth With A Mission ? Yes / No

**Please send completed reference to: P.O. Box 435 Apia, Samoa
Phone 685 : 28985 email : ywamsamoa@gmail.com**



REFERENCE FORM – YWAM Leader

Applicant : Fill in your name and sign below. Then give it to your YWAM Leader past or present with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name _____

Applicants Signature _____

Date _____

The above applicant has applied for a School of Mission with Youth With A Mission (YWAM) Samoa. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? _____

How long have you known the applicant? _____

How did the applicant function on outreach or in ministry?

How does the applicant deal with community living?

How does the applicant deal with relationships with the opposite sex?

Have you noticed tobacco or alcohol use? _____

Please comment on the applicant's family background.

In your opinion, what are the applicant's strengths and weaknesses?

Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
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Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

I declare that what I have written is correct to the best of my knowledge.

Signed _____
Name _____

Position _____
Address _____

Phone _____
Email _____

Would you like more information on Youth With A Mission Samoa? Yes / No

Please send completed reference to: P.O. Box 435 Apia, Samoa
Phone 685 : 28985 email : ywamsamoa@gmail.com