

Youth With A Mission, Sunshine Coast  
PO Box 5633 Maroochydore BC QLD 4558 Australia  
Ph: (61) 7 5479 0580 Fax: (61) 7 5479 0380  
Email: [info@ywamwaves.com](mailto:info@ywamwaves.com) Web: [www.ywamwaves.com](http://www.ywamwaves.com)

## Certificate IV in TESOL [Teaching English to Speakers of Other Languages]

### Application Form

Given name: .....

Surname:.....

Address: .....

.....

Telephone:.....Email:.....Fax:.....

Date of birth:.....Citizenship:.....

***On a separate piece of paper please answer the following questions:***

1. Describe your reasons for wanting to do the TESOL course?
2. How you feel God is leading you in the future?
3. Please list your academic levels achieved.
4. Current and previous employment?
5. Do you have any previous experience in YWAM ?
6. Do you have any previous experience teaching English?
7. Is English your first language?
8. Describe your health and fitness, including any allergies, dietary needs and special requirements.

### Church Information

Church membership: .....

Pastor's name: .....

Church address: .....

Pastor's telephone #: ..... Fax: ..... Email:.....

Attached is a reference form to be filled out by your Church leader and sent directly to Youth With A Mission at the above address.

### Declaration

I have enclosed \$30 application fee (non-refundable). (Cheques made payable to **YWAM TESOL**)  
I understand all aspects of the application, financial requirements, appeals and equity policies.

Signed: .....Dated:.....

## Medical History

Please answer all questions. Comment on all positive answers at the end of this form or on a separate sheet.

Have you ever had any of the following?

	No	Yes		No	Yes		No	Yes
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Chronic constipation	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any of the following?

	No	Yes		No	Yes		No	Yes
<b>Allergy</b>			<b>Surgery</b>			<b>Females Only</b>		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonamides	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Foods (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>						

Are you at present under a Doctor's care for any condition?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
Are you taking any medication at this time?	No <input type="checkbox"/> Yes <input type="checkbox"/> (specify)
Please provide details of any positive answers and give details of any other illnesses you have had.	

Have you ever had any of the following Communicable Diseases?

- Chicken Pox   
  Measles (Rubella)   
  Measles (Rubella)   
  Mumps   
  Pertussis  
 Scarlet Fever   
 Tuberculosis   
 Hepatitis   
 AIDS/HIV   
 Other (specify)

## Confidential Reference Form Pastor/Church Leader

Name of applicant: .....has applied to attend the Certificate IV in TESOL (Teaching English to Speakers of Other Languages) course being held by Youth With A Mission, Sunshine Coast, Australia. This is a six-week intensive course designed to equip and train people to teach the English language as a means of practical missions, both in Australia and overseas. As a spiritual leader we value your feedback and prayerful consideration in the applicant's suitability for such a course.

1. What is your relationship with the applicant: (e.g. Pastor, teacher) .....
2. How long have you known the applicant? .....
3. Describe the applicant's relationship with the Lord Jesus? .....
4. Are you aware of the applicant's long term vision or call to missions? .....  
If yes, please briefly outline: .....
5. Do you feel that the TESOL course will help the applicant towards their long term vision? .....
6. Do you recommend the applicant for acceptance to the TESOL course? .....
7. Is there anything that would hinder the applicant from completing a six week intensive course?.....

On a scale of 1 to 10 (1 = lowest), how would you rate the applicant on the following?

Diligence .....	Consideration of others .....
Punctuality .....	Attitude to other cultures .....
Personal grooming .....	Flexibility .....
Health .....	Academic ability .....
Emotional stability .....	Financial responsibility .....
Motivation .....	Enthusiasm.....
Initiative .....	Liked by others. ....
Communication skills .....	Attitude to work. ....

Signed: ..... Dated: .....  
Name: ..... Position of leadership:.....  
Church Membership: .....  
Address: .....  
Phone: ..... Fax:..... Mobile: .....

Please make any further comments on a separate piece of paper.

Please return this form marked 'Attention: TESOL REGISTRAR'. Youth With A Mission, P.O. Box 5633, Maroochydore, B C; Queensland, 4558, Australia. Ph. 07-5478 9629

If you would like more information about TESOL, or if you have any questions, please do not hesitate to contact us.

**Thank you.**

## Application For Accommodation

Given name: .....

Surname:.....

Address: .....

.....

Telephone:.....Email:.....Fax:.....

Date of birth:.....Sex:.....Citizenship:.....

Accommodation for the course consists of two houses in close proximity to the Lecture Room. Depending on the number of students requiring accommodation, most rooms would need to be shared with one or more other students. Meals are taken in the community dining room and some help with cleaning up may be required on a roster basis. Some YWAM staff also live in the homes and certain Christian activities may be run on some evenings. You would be welcome to involve yourself in the community lifestyle, which YWAM values, depending on the demands you feel the TESOL course is making on you. There is no off-road parking available, so parking on the street would be at your own risk. Transport to the Lecture Room will be provided if necessary.

Please complete the following questions so that we may best serve you whilst you are our guest.

- Do you have any previous experience in YWAM? .....
- Describe your health and fitness including any allergies, dietary needs and special requirements:

.....  
.....  
.....  
.....

Do you require accommodation for your family? Yes ..... No .....

If yes, please provide all details of your accompanying family on a separate piece of paper.

A deposit of \$100 must be paid at least one month in advance to secure accommodation. For other costs please refer to the Financial Policy page.

Signed: ..... Dated:.....