



Institute for the Nations Youth With A Mission – Sunshine Coast

Please return this form to:
YWAM Sunshine Coast (SBS Dept)
PO Box 5633 Maroochydore BC
QLD
Australia 4558
Fax: (61)-7-5479 0380
Phone: (61)-7-5479-0580

Dear Applicant,

Thank you for your interest in attending the School of Biblical Studies at YWAM Sunshine Coast! We are excited that you are thinking of joining us for this school and will be more than happy to answer any questions you may have. Please do not hesitate to contact us.

After nine months of studying the living and active Word of God, your life will never be the same!

Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). **Husbands and wives must complete separate forms. Children each have their own application.**

We need each item to complete your application:

- | | |
|--|---|
| <input type="checkbox"/> Application Submitted (first 2 pages) | <input type="checkbox"/> Pastor Reference |
| <input type="checkbox"/> \$40 Registration Fee | <input type="checkbox"/> Medical Forms |
| <input type="checkbox"/> Supplement Questions | <input type="checkbox"/> Release Form |
| <input type="checkbox"/> YWAM Leader Reference | <input type="checkbox"/> Burial Statement |

Application: Please fill out & sign the next 2 pages & submit them with the other forms. These pages will start your file.

Registration Fee: Each applicant must pay a non-refundable \$40 AUD registration fee (\$60 per married couple). Your application cannot be processed without it. Please make checks/money orders (AUD Dollars only) payable to 'YWAM' including a note saying who it is for. There is also an option to pay via credit card at the end of the application.

Application Questions: Please prayerfully answer the Application Questions. This is your chance to recommend yourself to the SBS staff so you can make your answers as detailed as you like.

Confidential References: Two confidential references are enclosed. One reference should be given to your most recent YWAM leader and one to your Pastor. Please request that they fill it out and mail it directly to the registrar. You may want to give them a stamped envelope with our address on it. **We also have references available in email format if any of your referees would prefer to fill out the reference in MS Word and email it back. Please ask the Registrar to email you one/all so you can forward them on.**

Medical Requirements: The confidential health form must be completed and signed by a nurse/physician.

Fill out the childhood immunization records as completely as possible. Any boosters should be received within the last five years. These details are very important—your application cannot be processed without them.

Burial Statement: Please read and sign this form. If you are under 18, a parent/guardian must sign for you.

Passport: If you don't have a passport you must apply for one **immediately**. Each family member must have their own.



Institute for the Nations Youth With A Mission – Sunshine Coast

**PLEASE
ATTACH
TWO RECENT
PASSPORT
PHOTOS**

**Attach 2 passport photos of yourself to this page.
Please print in BLOCK letters.**

I wish to attend the SBS beginning: _____ Registration Fee enclosed: Yes No

_____ month _____ year \$40 per adult or \$60 per married couple

Name: _____

<p>Present Address</p> <p>PO Box/Street _____</p> <p>Town _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Postal Code _____ Country _____</p> <p>Home Phone (include country code) _____</p>	<p>Permanent Address <input type="checkbox"/> Same as present</p> <p><input type="checkbox"/> Different:</p> <p>PO Box/Street _____</p> <p>Town _____</p> <p>City _____</p> <p>State/Province _____</p> <p>Postal Code _____ Country _____</p>
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<p>Emergency Contact</p> <p>Name _____</p> <p>Relationship _____</p> <p>PO Box/Street _____</p> <p>Town _____</p> <p>City _____ State/Province _____</p> <p>Emergency Number (include country code) _____</p>	<p>Home Church</p> <p>Name _____</p> <p>Pastor's Name _____</p> <p>PO Box/Street _____</p> <p>City _____ State/Province _____</p>
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<p>General Information</p> <p>Age _____ Country of Birth _____</p> <p>City of Birth _____</p> <p>Date of Birth (DD/MM/YY) ____/____/____</p> <p>Country of Citizenship _____</p> <p>Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process</p> <p>If yes, when does it expire (DD/MM/YY) ____/____/____</p>	<p>Marital Status Please circle one:</p> <p>Single Engaged Married Separated Divorced Widowed</p> <p>Maiden Name _____</p> <p>Spouse's Name _____</p> <p>Anniversary (DD/MM/YY) ____/____/____</p> <p>Number of children accompanying you _____</p> <p>Name of 1st child _____</p>
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Educational History:

Secondary/High School or equivalent, from which you graduated/will graduate:

Name _____ Location _____

Date of Graduation (DD/MM/YY) ____/____/____ I did not complete high school.

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ From _____ to _____

Name _____ Location _____ From _____ to _____

YWAM Schools Attended:

Name _____ Location _____ From _____ to _____

Name _____ Location _____ From _____ to _____

Occupational Skills: _____

Musical Ability or other Talents: _____

Miscellaneous Information:

How did you hear about the Sunshine Coast base? _____

What reasons most influenced your decision to apply for SBS on the Sunshine Coast? _____

Do you plan to pursue a University of the Nations degree? _____

Financial Support:

Do you have your complete school fees? ** Yes No/working on it. If yes, from where? _____

If no, how do you plan to pay for your schooling? _____

Do you have any outstanding debt? (please explain) _____

**Please keep in mind that complete school fees are due the first day of class.

Please read then sign and date below in all 3 sections:

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 Director before my departure to the Sunshine Coast. 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.

Release of Liability

I/we do hereby release Youth With A Mission, Inc. it's 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 _____

Signature of Parent or Guardian if the applicant is under 18 years of age.

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 _____

English Proficiency

Please complete the following questions if English is **NOT** your first language; otherwise skip this section.

All courses at YWAM Sunshine Coast are conducted in English. A sufficient standard of oral and written English proficiency is needed in order to benefit from the training. You will need to fulfill at least one of the three entry-level criteria in English proficiency - (a), (b) or (c).

(a) A minimum of 3 years study conducted predominantly in English

Give an outline of your study, name & address of educational institute & attach relevant documentation.

Type of study:

Name of educational institution:

Address/Location:

(b) Minimum of 3 years studying English as a foreign language, with a pass rate of at least 80%

Give an outline of your study, name & address of educational institution & attach relevant documentation.

Type of study:

Name of educational institution:

Address/Location:

or

(c) Completed formal independent testing with a minimum level at or equivalent to the following:

at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric

care? If yes, when?

9. If you are married and/or have children, please list these family members with their full name, date of birth and gender.

Do they have any disabilities that we should be aware of?

10. Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco)

11. How would you describe your relationship with your family?

12. At YWAM Sunshine Coast we require that spouses come together and are not left behind while one is gaining missionary

training. Therefore, are you prepared for your spouse to accompany you to this school?

13. If your spouse and/or children do not live with you, please explain.

MISSIONS

14. Do you feel you have a call to missions? What is your specific commitment to missions – short or long-term? Do you

feel that you have a calling to another nation or other cultures?

15. Do you plan to pursue a University of the Nations degree at this time?

16. Do you have any difficult situations to deal with in regard to attending the SBS? How can we pray for you?

17. If you were not accepted as part of this school, what would you do? (next step or alternatives)

FINANCES

18. Do you have the full tuition of \$8,400AUD plus money for your travel to the Sunshine Coast? If no, how much do you currently

have in AUD dollars? How do you plan on paying for this school?

19. Do you currently have any outstanding debt? If yes, what kind?

20. Upon acceptance you will need to pay a \$500AUD deposit to secure your place in the school. Do you have this

amount available?

21. International students may not arrive with a one-way ticket. Therefore, do you have the funds to cover your round trip

airfare?

22. At which YWAM bases have you taken schools or been staff?

23. Do you have any outstanding debt at these YWAM bases?

24. Please give a contact name and number/email of a staff person at your previous base who can give a financial testimony

on your behalf.



Confidential Reference

YWAM Leader

Please return this form to:

Fax: (61)-7-5479 0380

YWAM Sunshine Coast (SBS Dept)

Phone:

(61)-7-5479-0580 PO Box 5633 Maroochydore BC

To the applicant:

Name _____

School you are applying for

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

To the YWAM leader filling out this form:

Name _____

Address _____

Phone _____

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Sunshine Coast campus. It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) School Leader Small Group Leader Outreach Leader

2. Dates the applicant was under your leadership?

3. How did the applicant function on outreach?

4. Would you enjoy working on staff with the applicant? (please explain)

5. Please comment on the applicant's participation in YWAM ministry opportunities and small groups. _____

6. How did the applicant respond to correction?

7. Does the applicant tend to determine his/her self-worth by his/her performance and/or approval from others? _____

8. How did the applicant deal with community living?

9. In your opinion, is the applicant called to a career in Christian service?

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual in a full-time Christian work environment.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent	Social Adaptability	Not Known	Poor	Below Average	Average	Above Average
Teachability							Tactfulness					
Flexibility							Communication Skills					
Perseverance							Neatness of person					
Reliability							Respected by peers					
Punctuality							Positive, contagious spirit					
Common sense												
Integrity												
Academic												
Financial responsibility												
Stewardship												
En Have you noticed these tendencies?												
Self-esteem							Critical					
Ability to deal with stress							Argumentative					
Accurate view of personal strengths/weaknesses							Domineering Manner					
Ability to deal w/interpersonal problems							Procrastination					
Overall emotional maturity							Impracticality					
							Irritability					
							Anxiety/Worry					
							Moody					
							Dependant relationships					
							Homosexual relationships					
							Eating disorders					
							Behavioral disorders					
							Drug abuse					
							Close-minded					
							Emotional instability					
							Flirting					
							Sexual immorality					
							Easily discouraged					
							Prejudice					
							Impatience					
							Gives in to peer pressure					
							Arrogant					
							Frequent exaggeration					
							Lack of humor					
							Involvement with the occult					
							Dishonest or questionable character					

Applicant's Giftings

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Excellent
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

Administration								Prayer							
Counseling								Speaking/Teaching							
Hospitality								Working with adults							
Motivating & training others								Working with teens							
Music								Working with children							
One-on-one discipleship								Worship							
Personal evangelism								Other _____							

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

1. How does the applicant respond to designated authority and standards?

2. Can the applicant take responsibility and demonstrate leadership? Give examples.

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

4. Please comment on the applicant's ability to establish close, healthy relationships with others.

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

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use?

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Name: _____



Confidential Reference

Pastor

Please return this form to: YWAM Sunshine Coast (SBS Dept)
(61)-7-5479-0580 PO Box 5633 Maroochydore BC
Fax: (61)-7-5479 0380
Phone:

To the applicant:

Name _____

School you are applying for

Address _____

I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

To the Pastor filling out this form:

Name _____

Address _____

Phone _____

Email _____

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Sunshine Coast campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 800 locations in over 135 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Sunshine Coast is a training base from which workers are sent out into all the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

Relationship to the applicant

1. My relationship to the applicant is: (circle all that apply) Sr. pastor Youth pastor Small Group Leader Mentor

2. How long has the applicant attended your church?

3. In your association with the applicant, what has been the level of commitment you have seen exemplified?

(Please circle one) Faithful Inconsistent Other

4. Did you know prior to receiving this form of the applicant's intention to attend this program? Yes No

Yes No

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How? _____

6. Do you believe that the applicant has a call to missions at this time?

7. Is your congregation standing behind the applicant's decision to apply for this school? If no, please explain. ____

8. In what areas of ministry has the applicant participated in your church?

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual or full-time Christian worker.

Personal Character	Not Known	Poor	Below Average	Average	Above Average	Social Adaptability	Not Known	Poor	Below Average	Average	Above Average
Teachability		<input checked="" type="checkbox"/>				Tactfulness		<input checked="" type="checkbox"/>			
Flexibility						Communication Skills					
Perseverance						Neatness of person		<input checked="" type="checkbox"/>			
Reliability						Respected by peers					
Punctuality						Positive, contagious spirit		<input checked="" type="checkbox"/>			
Common sense											
Integrity											
Academic	Not Known	Very	Apparent	Frequently	Sometimes						
Financial responsibility											
Stewardship											
En Have you noticed these tendencies?	Not Known	Very	Apparent	Frequently	Sometimes						
Self-esteem		<input checked="" type="checkbox"/>				Critical		<input checked="" type="checkbox"/>			
Ability to deal with stress						Argumentative					
Accurate view of personal strengths/weaknesses						Domineering Manner					
Ability to deal w/interpersonal problems						Procrastination					
Overall emotional maturity						Impracticality					
						Irritability					

Spiritual Maturity

Knowledge of the Bible									
Initiative									
Willingness to serve									
Decision making ability									
Organizational skills									
Ability to follow									
Ability to motivate others									
Others									
Overall spiritual maturity									

Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

Leadership Potential

gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

	Not Known	Poor	Below Average	Average	Above Average		Not Known	Poor	Below Average	Average	Above Average	Above
Administration						ayer						
Counseling						Speaking/Teaching						
Hospitality						Working with adults						
Motivating & training others						Working with teens						
Music						Working with children						
One-on-one discipleship						Worship						
Personal evangelism						Other _____						

Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed." Extra space is available on the back for further comments.

1. How does the applicant respond to designated authority and standards?

2. Can the applicant take responsibility and demonstrate leadership? Give examples.

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

4. Please comment on the applicant's ability to establish close, healthy relationships with others.

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

6. Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) _____

7. Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) _____

8. Have you noticed alcohol or tobacco use?

9. Has the applicant ever been arrested?

10. Please comment on the applicant's family background.

11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness.

12. Would you recommend the applicant for the YWAM school he/she is applying for? (Please mark one and comment if needed)

___ Unsuitd

___ Average prospect

___ At this time, he/she is unsuitd

___ Great prospect

___ Good prospect, but I have reservations

Please call me, I would like to discuss the applicant over the phone.

Please give up to 2 contact numbers including the area code. Please circle which type it is.

Cell / Work / Home # _____

Cell / Work / Home # _____

Additional Comments

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Name: _____



Confidential Health Form

Please return this form to: Fax: (61)-7-5479 0380
 YWAM Sunshine Coast (SBS Dept) Phone:
 (61)-7-5479-0580 PO Box 5633 Maroochydore BC
 QLD

To the Applicant: This information is treated as confidential.

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant. Less inclusive medicals done for other YWAM bases are not acceptable.

School you are applying for: _____ Starting Month

Permanent Address

PO Box/Street

 City _____
 State/Province _____
 Postal Code _____ Country

Emergency Contact

Name _____
 Relationship

 PO Box/Street

 City State/Province

Part A: Personal History

Please answer all questions with **NO** or **YES**. I take both Part A and Part B of this questionnaire. Please use the space below, or on a separate sheet of paper. The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status. Have you ever had the following communicable diseases?

Skin condition		
Eye trouble		
Ear trouble		
Head injury		
Recurrent headaches		
Epilepsy		
Fainting spells		
Mental/Nervous disorders		
Weakness		
Paralysis		
Insomnia		

Low blood pressure		
Allergy: Bee stings*		
Allergy: Penicillin		
Allergy: Sulfonamides		
Allergy: Serum		
Allergy: Food (specify)		
Tumor/Cancer		
Heart trouble		
Rheumatism/Arthritis		
Back problems		
Dislocation of joints		
Broken bones		
Stomach/Duodenal ulcer		
Jaundice		
Gall Bladder problems		
Intestinal troubles		
Diabetes		
Anemia		

Chicken Pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Other (specify)		

Females only:

Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies?		

the following:

If you have any of the questions, please

* If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

I have specific need for counseling in the following area(s):

Have you been tested for HIV? Yes No If yes, what was the result? Negative Positive

Surgeries Performed:

Date (month/yr)	Type of surgery	Outcome & long-term effects

Date (month/yr)	Type of X-ray	Result

X-Rays Performed:

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 bring all necessary long-term medications with you.

Do you now have, or have you ever received, any compensation for disability from any sources? Yes No

If yes, please specify

Family History

Have any of your relatives _____
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)

(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:

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to YWAM SC): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain

them. Please check the box below if you are NOT obtaining the recommended immunizations/ injections.

I have been vaccinated for the following:
 I am choosing NOT to receive the recommended

Childhood Record of Immunizations: BASIC Adult Immunizations: BOOSTER

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

Height: _____ **Weight:** _____ **Overweight:** _____

Blood Pressure: _____ **Pulse:** _____ **Blood Type:** _____

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses): R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

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:

How long has this patient attended your office? Years _____ Months _____ Weeks _____

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):

Address:



Please return this form to:

(61)-7-5479 0380

YWAM Sunshine Coast (SBS Dept)

(61)-7-5479-0580 PO Box 5633 Maroochydore BC

Fax:

Phone:

Statement of Burial/Mediation

Burial Statement

We at Youth With a Mission Sunshine Coast, Inc., encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth with A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With a Mission Sunshine Coast Inc. does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Youth With a Mission Sunshine Coast, Inc. cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not Youth With A Mission Sunshine Coast.

I agree that in case of my death while on outreach in conjunction with Youth With a Mission Sunshine Coast Inc., that they may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With a Mission Sunshine Coast Inc., its staff and associates, from any responsibility for burial costs.

Applicant's Name (print):

Signature: _____ **Date:**

Children's Name(s) (print):

If applicant is under 18 years of age, the signature of a parent or responsible party is required:



Institute for the Nations Youth With A Mission – Sunshine Coast

REFUND POLICY

Prior to commencement of the course.	
Cancelled course	fees paid back in full, including application fee (\$40)
Visa is Denied	fees paid back in full, less application fee (\$40)
Voluntary Withdrawal – (more than 28 days prior to commencement of school).	fees paid back in full, less application fee (\$40)
Voluntary Withdrawal – (less than 28 days prior to commencement of school)	fees paid back, less application fee (\$40) and 50% refundable enrolment deposit (\$250)

After commencement of the course (UofN suggested)	
Prior to first class session	100% of tuition, less enrolment deposit
During first week of classes	95% of tuition, less enrolment deposit
During second week of classes	85% of tuition, less enrolment deposit
During third week of classes	70% of tuition, less enrolment deposit
During fourth week of classes	60% of tuition, less enrolment deposit
During fifth week of classes	50% of tuition, less enrolment deposit
After fifth week of classes	0% refund

- To apply for a refund, please write/email the Registrar or the School Leader requesting the refund.
- All refunds will be given in the same currency in which they were paid unless the method of payment is impractical or requested by the student.
- Refunds will be paid only to the person who has entered into the course unless the person directs us in writing for it to be paid to someone else.
- Refunds will be paid no later than four weeks after the student's written request.
- If you feel you've been dealt with unfairly, any student may access our complaints and appeals procedure. If the student still does not feel justified this agreement does not remove the right of the student to take action under Australia's consumer protection laws.



Institute for the Nations
Youth With A Mission – Sunshine
Coast

Registration Payment Details

A \$40 AUD (\$60 AUD married couple) registration fee must be submitted with your application. Please pay by filling in the payment details sheet below or \$40 AUD cash and send it with your application. You can also pay by bank draft in Australian dollars made out to YWAM – **we cannot accept non-Australian cheques for this fee.**

Your Name: _____

School Type: _____ SBS

Location: Sunshine Coast, Australia

Amount Owing: **Registration fee \$40 AUD (\$60 married couple)**

Credit Card Details

Mastercard Visa Bankcard

Card Holder's Name: _____

Credit Card Number: - - -

CCV (the last 3 digits of the number on the signature panel located on the back of the card)

Expiry Date: (MM/YY) _____ / _____

Cardholder's Signature: _____ Date: _____

Payment For...	Amount AUD \$
Registration Fee	\$40
Credit Card Fee - 3.5% of amount owing	\$1.50

Total: \$41.50 AUD