**YWAM DAWN MEDIA DTS APPLICATION FORM**

Completing this confidential application is the first step to begin your adventure with YWAM DAWN. We look forward to welcoming you to our multicultural community. We stand with you in prayer for a life-changing time. If you have any specific questions or need assistance, feel free to contact us at:

**Phone**: +2330200034613
**Email**: info@ywamdawn.org

We look forward to receiving your application. All questions must be completed. If a question does not apply to you, please write "n/a" (not applicable). If you are married, both spouses must complete separate application forms.

**Important Notes:**

1. **Application Form** Used when applying for a YWAM TEMA school.
*Important*: If you need a visa permit to enter Ghana, please contact us **before** completing this application. We will advise you further.
2. **Additional Questions** (Page 5, Section 13): Answer all questions on a separate sheet and submit with your application.
3. **Partnership Agreements** (Page 7): All releases, declarations, and commitments must be signed before your application can be processed.
4. **Medical Requirements** (Page 8): The physician’s evaluation form should be completed by your doctor.
5. **Personal References**:
	* (1) Pastor or Spiritual Leader (Page 9)
	* (2) Teacher or Employer (Page 10)
	* (3) Friend (Page 11)
	**Important**: References should be mailed or faxed directly to YWAM Tema. This step often slows the process, so please have them sent as soon as possible.
6. **Payment**: You need to send a non-refundable school deposit (GHC 50) only after your application has been processed. We will inform you when to make the payment.
7. **Passport**: All applicants must have a valid passport with at least one year of validity from the start of the school.
8. **Visa**: Do not apply for a visa until you receive confirmation of acceptance, and we instruct you to do so. If you already hold a Ghana visa, please provide the type and expiry date.
9. **Dates**: Please write all dates in the format dd/mm/yyyy.

**Mailing Address:**

The Registrar
YWAM DAWN
Dawhenya, Community 25, Tema
Ghana

**Tel**: +23320034613
**Email**: info@ywamdawn.org

*Please make a photocopy of all forms for your records before submitting them.*

**Personal Information**

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Gender**: □ Male □ Female
* **Marital Status**:
□ Single □ Engaged (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
□ Married (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
□ Separated (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
□ Widowed (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
□ Divorced (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* **Spouse's Name** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Do you have children?** □ Yes □ No
If yes, how many? \_\_\_\_\_\_\_\_

**Contact Details**

* **Present Address** (Include country & postcode):
* **Permanent Address** (Include country & postcode):
* **Telephone (Include country code & area code)**:
* **Mobile Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

* **Date of Birth**: (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Country of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Have you been convicted of a felony in the past 10 years?** □ Yes □ No
* **Current Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Details**

* **Country of Citizenship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Passport Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Issue Date** (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Expiry** (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Submission**

* Please attach one (1) recent and clear passport-sized photo of yourself to this form. Alternatively, you can email it to us at: ywamtema@gmail.com

**Additional Documents to Submit:**

1. **Additional Questions** (Page 5, Section 13) – Answer all questions on a separate sheet and submit with your application.
2. **Partnership Agreements** (Page 7) – Sign all releases, declarations, and commitments before your application can be processed.
3. **Medical Evaluation** (Page 8) – The physician’s evaluation form must be completed by your doctor.
4. **Personal References** – Please submit the following reference forms directly from the individuals:
	* Pastor or Spiritual Leader (Page 9)
	* Teacher or Employer (Page 10)
	* Friend (Page 11)

**Next Steps:**

* Once we have processed your application, we will inform you when to send your non-refundable school deposit (GHC 50).
* If you need to apply for a visa, we will give you further instructions after accepting your application.

We look forward to receiving your completed application and working together with you on this journey! If you have any questions, don't hesitate to contact us.

### ****6. Emergency Contact****

In case of an emergency involving you, please provide the following contact details:

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship to You** (e.g., Parent, Sibling, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Home Telephone** (Include country & area codes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Work Telephone** (Include country & area codes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ****7. Home Church Information****

Please provide details about your home church:

* **Name of Church**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Pastor's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Church Address** (Include country & postal code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Telephone Number** (Include country & area codes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Church Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **How long have you attended this church?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ****8. Talents, Skills, and Strengths****

Please list any relevant talents, skills, or strengths you possess (e.g., music, computers, sports, hospitality, administration, relational skills, etc.):

### ****9. Work and Ministry Background****

Please provide details of your work and/or ministry experience:

Have you completed any seminars, college, or university programs?
□ Yes □ No
If yes, please list the names and dates of the programs:

### ****10. English Proficiency****

Please assess your ability to speak, understand, write, and read English:

1. **What is your ability to speak English?**
□ None □ Poor □ Fair □ Good □ Excellent
2. **How well can you understand spoken English?**
□ None □ Poor □ Fair □ Good □ Excellent
3. **How well can you write English?**
□ None □ Poor □ Fair □ Good □ Excellent
4. **What is your English reading comprehension?**
□ None □ Poor □ Fair □ Good □ Excellent

### ****11. Financial Support****

* **Do you have your complete school fees?**
□ Yes □ No
* **If not, how much do you currently have?**
* **How do you anticipate the provision of the outstanding balance of your school fees?**
* **Do you have regular financial support?**
□ Yes □ No

### ****12. Health History****

#### Communicable Disease History:

Please indicate if you have ever had any of the following:

| **Disease** | **Yes** | **No** |
| --- | --- | --- |
| Chickenpox | □ | □ |
| Measles | □ | □ |
| Rubella (Roseola) | □ | □ |
| Mumps | □ | □ |
| Pertussis | □ | □ |
| Scarlet Fever | □ | □ |
| Tuberculosis | □ | □ |
| Other (please specify): | □ | □ |

#### Health History:

Please indicate if you have had or currently have any of the following:

| **Condition** | **Yes** | **No** |
| --- | --- | --- |
| Skin conditions | □ | □ |
| Recurrent headaches | □ | □ |
| Eye trouble | □ | □ |
| Epilepsy | □ | □ |
| Ear trouble | □ | □ |
| Fainting spells | □ | □ |
| Shortness of breath | □ | □ |
| Mental health issues | □ | □ |
| Asthma | □ | □ |
| Anxiety | □ | □ |
| Heart trouble | □ | □ |
| Depression | □ | □ |
| Arthritis | □ | □ |
| Eating disorders | □ | □ |
| Back trouble | □ | □ |
| Paralysis | □ | □ |
| Dislocated joints | □ | □ |
| Sleeping disorders | □ | □ |
| Broken Bones | □ | □ |
| Ulcers | □ | □ |
| Intestinal troubles | □ | □ |
| Environmental allergies | □ | □ |
| Recurrent diarrhea | □ | □ |
| Food allergies | □ | □ |
| Gall Bladder trouble | □ | □ |
| Drug allergies | □ | □ |
| Hepatitis | □ | □ |

#### Female Health History:

| **Condition** | **Yes** | **No** |
| --- | --- | --- |
| Jaundice | □ | □ |
| Irregular periods | □ | □ |
| Kidney disease | □ | □ |
| Severe cramps | □ | □ |
| Anemia | □ | □ |
| Are you pregnant? | □ | □ |
| Tumor or Cancer | □ | □ |
| Prior pregnancies? | □ | □ |