

# APPLICATION FOR A SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland

(Confidential when completed)



Youth With A Mission

Thank you for your interest in this school! It is our intention that the application process serve as a valuable tool in helping you, your church and us in YWAM, prayerfully evaluate whether this is the right course for you at this time.

## HOW TO COMPLETE THIS APPLICATION

This form comes in 8 parts, to be printed out and filled in separately.

Please answer all of the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper.

Please note the information requested on this form is restricted to details relevant to our consideration of your application at this stage.

When completed, please send this application to:

*SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Rd, Seamill, KA23 9NJ Scotland*

## REFERENCES

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your YWAM Leader. Fill in your name and address, and school dates for the SOFM and give the forms to the referees. Please ask that they return the forms directly to SOFM Leader (listed above) as soon as possible.

## MEDICAL REPORT

Two Medical Report Forms are included. Part of Form 1 to be completed by you and part by your doctor. Please give both medical forms to your doctor and ensure that the part(s) completed by your doctor is returned to us in a sealed envelope clearly labelled with your "name" and the term "medical report".

## PASSPORT/VISA INFORMATION

This information is needed for anticipated visa purposes only.

## EMERGENCY CONTACT DETAILS

Please complete this form in full, including any area and country telephone codes.

## ADMINISTRATION FEE

A non refundable fee of £25 (which covers the cost of processing your application) should be included when you return this form. Foreign students can send this by bank draft in Pounds Sterling only.

**FINALLY...** We pray that God will guide you clearly as you complete this form!

# CONFIDENTIAL APPLICATION FORM

Starting Date of SOFM at Seamill: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(dd) (mm) (yy)

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Title, Surname, First Name, Middle Name, Preferred Name)

Current Address: ( \_\_\_\_\_ ) \_\_\_\_\_  
Valid till \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(If different from above)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female   
(dd) (mm) (yy)

## 2. MARITAL STATUS

Single  Engaged  Married  Separated  Divorced  Widow/Widower

Spouse/fiance's name: \_\_\_\_\_

Has your spouse/fiance applied for this school? Yes  No  (We strongly recommend doing the DTS as a couple)

If not, please comment: \_\_\_\_\_

## 3. DEPENDANTS

Will any children be accompanying you? Yes  No  If yes, please give their details:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. CHURCH INFORMATION

(Who do you wish us to contact for a church reference?)

Church Affiliation: \_\_\_\_\_

Church Leader's Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Fax: \_\_\_\_\_

Does your church leader support the idea of you attending a YWAM school?

Yes  Yes, with reservations  No

## 5. EDUCATION AND SKILLS

### Secondary School (Education between 11 and 18 years)

Name of Establishment	Dates Attended	Exam Success/Qualifications Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

### University/College/Higher or Further Education (post 18 years)

Name of Establishment	Dates Attended	Exam Success/Qualifications Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

### List any other training or qualifications you have received

(Please use a separate piece of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

### What is your Employment History and Occupation?

Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Briefly describe what your work entails: \_\_\_\_\_

\_\_\_\_\_

Briefly describe other past work experiences: \_\_\_\_\_

\_\_\_\_\_

## 6. LANGUAGES

Please identify the languages you speak and indicate your proficiency:

1 - survival proficiency

2 - conversational level

3 - minimum professional proficiency

4 - full professional proficiency

5 - native tongue proficiency

6 - mother tongue

English proficiency \_\_\_\_\_ Other languages and proficiency \_\_\_\_\_

\_\_\_\_\_

## 7. GIFTS AND HOBBIES

Please indicate your gifts, including any drama, musical or artistic talents you have and your hobbies

Gifts: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8. CHRISTIAN & LIFE EXPERIENCE

Please prayerfully answer the following questions, briefly, on a separate piece of paper (you may print or type) and attach this to your application form.

(If you would feel more comfortable speaking to somebody before completing this form, please feel free to call us.)

### Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most & why?
6. Briefly describe any experiences you have had in other cultures.

### Where you are at currently

7. How would you describe your Christian life and your relationship with the Lord at the present time?
8. How did God call you into full-time Christian service? Please explain.
9. How might you see using your skills/training in a missions context?

### Why are you thinking about YWAM and SOFM

10. How did you hear about Youth With A Mission?
11. What is your reason for applying for this particular SOFM?
12. What are your hopes and expectations for yourself during this SOFM?
13. How do you think you would cope with challenging situations like: different food and culture, dormitory housing or small quarters for families? Please take into consideration any dietary or health needs.

*Please Note: Answering YES to the following questions will not automatically exclude you from the SOFM. We are more interested in how you have grown from these experiences and your application will be prayerfully considered.*

14. Have you ever been involved in: Religious cults? Use of drugs? Alcoholism? Occultism?  
If so, please explain.
15. Have you ever been cautioned, charged or convicted of a criminal offence in this country or abroad, or have any cases pending? If so, please explain.

YWAM, as an agency working with children and young people, is exempt from the UK Rehabilitation of Offenders Act of 1974 and therefore all convictions, however old, must be declared by applicants.

16. Please list anything else you would like us to know about you and your situation.

## 9. FINANCES

Please read the enclosed Financial Policy Sheet before completing this section and answer all questions. Every staff person in Youth With A Mission is responsible to provide their own fees and personal living expenses. Each prospective student is expected to do the same. As you do the possible - use savings, earn the money, sell things you don't need (as directed by the Lord) - God will do the impossible. Where God guides, He will also provide.

(For current exchange rates please refer to your local bank.)

1. £ \_\_\_\_\_ is what I have at the present time towards the school fees.  
£ \_\_\_\_\_ is what my church/family/friends/others have pledged towards my fees.  
£ \_\_\_\_\_ is what I still need for my fees.

How do you plan to raise the amount you still need? \_\_\_\_\_

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2. a) List current financial obligations and how you expect to fulfil them.

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b) Are you leaving a job to attend the SOFM? Yes  No   
Should you be accepted for the school, how much notice do you need to give? \_\_\_\_\_

c) Give names of dependants you have and to what extent you are obliged to them financially.

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## 10. RELEASE OF LIABILITY

I/we do hereby release YOUTH WITH A MISSION, LTD., its agents, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person during the course of involvement with Youth With A Mission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

## 11. CONSENT FOR TREATMENT

I/we do hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician are deemed necessary.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

## 12. COMMITMENT

I have completed all portions of this application and if accepted by Youth With A Mission, I will, under God, abide by the spirit, authority and schedule of the programme.

I understand that School of Frontier Missions lecture phase is a time of personal assessment as well as training and that completion of the lecture phase does not guarantee a field placement.

I confirm that I have read the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made). I therefore undertake to pay all personal expenses during my involvement with YOUTH WITH A MISSION.

Signed: \_\_\_\_\_ Date: \_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

CONFIDENTIAL REFERENCE

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

TO BE COMPLETED BY YOUR DTS OR YWAM LEADER

Youth With A Mission and the SOFM

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as their DTS/YWAM leader and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. This School of Frontier Missions (SOFM) includes three months of lectures and two years of field placement. The field placement could be in primitive and stressful conditions. It is therefore not in the applicant's best interest to give an unrealistically positive view of them. An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our telephone number is +44 (0)1294 829400

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

Name of Applicant:

(Title, Surname, First Name)

\_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Starting Date of SOFM at Seamill:

\_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

I know the applicant: very well  quite well  a little  very little

What is your relationship with the applicant?

(e.g. DTS leader, base leader)

# PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 = Usually 2 = Often 3 = Sometimes 4 = Rarely

Healthy _____	Leader _____	Reliable _____
Loner _____	Team Worker _____	Disruptive _____
Initiator _____	Aggressor _____	Enthusiastic _____
Worrier _____	Co-operative _____	Energetic _____

## ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. The applicant's attitude to work \_\_\_\_\_  
\_\_\_\_\_
2. The quality and character of his/her work \_\_\_\_\_  
\_\_\_\_\_
3. The applicant's maturity in making judgements \_\_\_\_\_  
\_\_\_\_\_
4. The applicant's ability to be a part of a team \_\_\_\_\_  
\_\_\_\_\_
5. The applicant's ability to handle conflict \_\_\_\_\_  
\_\_\_\_\_

Have we overlooked anything which you consider relevant to this application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FINALLY...

Do you think participation in YWAM would be beneficial for the applicant?

Yes (unreservedly)  Yes (with some reservations) No

If you have reservations, your comments would be helpful \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_  
(Title, Surname, First Name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd) (mm) (yy)

Please send the completed form to:

SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road, Seamill, KA23 9NJ Scotland

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CONFIDENTIAL REFERENCE

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

TO BE COMPLETED BY A MATURE CHRISTIAN

Youth With A Mission and the SOFM

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as a mature Christian friend and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. The School of Frontier Missions (SoFM) includes three months of lectures and two years of field placement. The field placement could be in primitive and stressful conditions, with an established team. It is therefore not in the applicant's best interest to give an unrealistically positive view of them. An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our telephone number is +44 (0)1294 829400

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

Name of Applicant:

(Title, Surname, First Name)

\_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Starting Date of SOFM at Seamill:

\_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

I know the applicant: very well  quite well  a little  very little

What is your relationship with the applicant?

(e.g. Youth Group/Home Group Leader/Friend)

# PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 = Usually 2 = Often 3 = Sometimes 4 = Rarely

Healthy _____	Leader _____	Reliable _____
Loner _____	Team Worker _____	Disruptive _____
Initiator _____	Aggressor _____	Enthusiastic _____
Worrier _____	Co-operative _____	Energetic _____

## ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes  No  Comments \_\_\_\_\_

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well.

Is he/she able to take a wider perspective when decision-making?

Yes  No  Comments \_\_\_\_\_

3. The applicant's ability to be a part of a team \_\_\_\_\_

4. The applicant's ability to handle conflict \_\_\_\_\_

5. The applicant's motivation for getting involved in missions \_\_\_\_\_

## CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian \_\_\_\_\_

2. The quality and extent of his/her Christian service \_\_\_\_\_

3. Do you know the applicant's family? Yes  No

If yes, is there anything you think would be helpful for us to know about them? (Please comment on their husband/wife AND parent/child relationship) \_\_\_\_\_

4. Have we overlooked anything which you consider relevant to this application? \_\_\_\_\_

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**FINALLY...**

Do you think participation in YWAM would be beneficial for the applicant?

Yes (unreservedly)

Yes (with some reservations)

No

If you have reservations, your comments would be helpful \_\_\_\_\_

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Your Name: \_\_\_\_\_

(Title, Surname, First Name)

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

(dd) (mm) (yy)

Please send the completed form to:

**SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road, Seamill, KA23 9NJ Scotland**

CONFIDENTIAL REFERENCE

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

TO BE COMPLETED BY THE CHURCH LEADER

Youth With A Mission and the SOFM

Youth With A Mission (YWAM) is a world-wide inter-denominational missionary organisation which was founded in 1960, and provides opportunities for Christian service on a short or long-term basis.

The person named below has listed you as their church leader and as such we would ask you to act as a referee for their application to attend this YWAM course. Thank you for your willingness to help us in this process. The School of Frontier Missions (SoFM) includes three months of lectures and two years of field placement. The field placement could be in primitive and stressful conditions, with an established team. It is therefore not in the applicant's best interest to give an unrealistically positive view of them. An honest, realistic appraisal of the challenges they will face will help rather than hinder their application. If you would prefer to give your opinions by telephone, please feel free to do so. Our telephone number is +44 (0)1444 440229

We need to receive this form before we can process this application - thank you.

CANDIDATE DETAILS

(To be completed by the applicant)

Name of Applicant:

(Title, Surname, First Name)

\_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Starting Date of SOFM at Seamill:

\_\_\_\_|\_\_\_\_|\_\_\_\_  
(dd) (mm) (yy)

I know the applicant: very well  quite well  a little  very little

What is your relationship with the applicant?

(e.g. Minister/Pastor/Home Group Leader)

# PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

1 = Usually 2 = Often 3 = Sometimes 4 = Rarely

Healthy _____	Leader _____	Reliable _____
Loner _____	Team Worker _____	Disruptive _____
Initiator _____	Aggressor _____	Enthusiastic _____
Worrier _____	Co-operative _____	Energetic _____

## ABILITY TO WORK IN TEAMS

The applicant will be living and working closely with others for an extended period.

Please answer / comment on the following:

1. Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes  No  Comments \_\_\_\_\_

2. The applicant may sometimes have to make difficult personal decisions under stressful conditions - e.g. to stay when feeling homesick, to eat or travel when not feeling well. Is he/she able to take a wider perspective when decision-making?

Yes  No  Comments \_\_\_\_\_

3. The applicant's ability to be a part of a team \_\_\_\_\_

4. The applicant's ability to handle conflict \_\_\_\_\_

5. The applicant's motivation for getting involved in missions \_\_\_\_\_

## CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicant's growth as a Christian \_\_\_\_\_

2. The quality and extent of his/her Christian service \_\_\_\_\_

3. Do you know the applicant's family? Yes  No

If yes, is there anything you think would be helpful for us to know about them? (Please comment on their husband/wife AND parent/child relationship) \_\_\_\_\_

4. Have we overlooked anything which you consider relevant to this application? \_\_\_\_\_

**FINALLY...**

Do you think participation in YWAM would be beneficial for the applicant?

Yes (unreservedly)

Yes (with some reservations)

No

If you have reservations, your comments would be helpful \_\_\_\_\_

Your Name: \_\_\_\_\_

(Title, Surname, First Name)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(dd) (mm) (yy)

Please send the completed form to:

SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road, Seamill, KA23 9NJ Scotland

discipling the emerging generation to disciple the nations

Medical Reference

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland

FORM 1



Youth With A Mission

TO THE APPLICANT:

This medical report, Form 1, must be completed by your General Practitioner or medical attendant. The doctor is entitled to charge a fee for this report, for which you are responsible.

Applicant's Name: \_\_\_\_\_
(Title / Surname / First Name )

Date of Birth: | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ NHS No.: \_\_\_\_\_
(dd) (mm) (yy) (for British applicants only)

Current Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Starting Date of SOFM at Holmsted Manor: \_\_\_\_ | \_\_\_\_ | \_\_\_\_
(dd) (mm) (yy)

TO THE DOCTOR:

To be completed by the Doctor or Medical Attendant who holds the applicant's medical records:

Note to the General Practitioner or medical attendant:

The Purpose:

The purpose of this report is to assess the suitability of this applicant for training in the United Kingdom, but the practical field placement may involve work in primitive situations anywhere in the world.

The UK privacy laws require that all medical records and references be handled in a manner that protects the privacy of the applicant. With this in mind, please refrain from giving specific medical details of the applicant's history on Form 1, as it will be reviewed by the admissions staff who are not qualified medical officers. Should you need to give specific medical details about the applicant, please use Form 2 and return it in a sealed envelope clearly marked with the applicant's name and the words MEDICAL REPORT. We will then pass the form on to an appropriate medical officer for review.

The School:
YWAM (Youth With A Mission) is an accredited missionary organisation working in numerous countries around the world. The School of Frontier Missions (SoFM) is an intensive Christian training course beginning with a 12-week lecture/teaching phase followed by a 2 year placement in a developing nation.

The lecture phase consists of 50 hours a week, which includes formal study in lectures, informal activities in discussions and small groups, and non-formal activities in work-duties. Work duties may include household type cleaning, maintenance, cooking or gardening. The accommodation will be dormitory style with communal bathrooms and the meals are not extravagant but nutritious.

The field assignment is in a cross-cultural setting, possibly in a developing nation under the following conditions: communal-style accommodation, which may include dormitory living quarters; food that is nourishing but different than the applicant may be used to; different climate; extreme cultural differences (ie. language, customs, etc), and very basic amenities. Because these conditions can be stressful, please take this into consideration when assessing their suitability for the programme.

Sometimes there are limited medical facilities. If the applicant could require emergency medical treatment, please give details on Form 2.

Please make any comments on the following:

**GENERAL HEALTH:**

Yes No

Are they able to walk up to six miles (10 kilometres) in one day?

Are they able to carry out reasonably strenuous physical work?

Are they free from Infectious Diseases? If no please give details on Form 2.

Do they have any allergic reactions which would cause a serious medical concern?  
If yes, please give details on Form 2

Does the applicant have an existing condition that requires them to be in close proximity to medical facilities?  
If yes, please give details on Form 2

Weight and General Fitness:

**DO YOU CONSIDER THE APPLICANT MEDICALLY SUITABLE FOR THE COURSE?**

(Please check one)

- Applicant is in good health and is suitable for the course.
- Applicant has medical conditions which need to be considered / could cause difficulties and therefore these are detailed in Form 2.

Signed: \_\_\_\_\_

Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
(dd) (mm) (yy)

Name and Address (or practice stamp) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the completed form to:  
SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road, Seamill, KA23 9NJ Scotland  
UK

If you require any further details please telephone on +44 (0)1294 829400 or email at [sofm@ywamseamill.org](mailto:sofm@ywamseamill.org)

Medical Report

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

To be completed by the doctor who holds the applicant's medical records

FORM 2

ONLY use this form for an applicant who may have medical limitations or may not be suitable to attend a School of Frontier Missions (SOFM) programme.

APPLICANT'S NAME:

(Title / Surname / First Name )

DATE OF BIRTH:

(dd) (mm) (yy)

STARTING DATE OF SOFM AT Seamill:

(dd) (mm) (yy)

I give permission for the release of relevant medical information to the Youth With A Mission Medical Officer prior to training or service with the mission.

Signed:

Date: (dd) (mm) (yy)

IMPORTANT:

This form needs to be returned in a sealed envelope clearly marked with the applicant's name and the words medical report.

It will then be passed on to an appropriate medical officer for review.

Required medical details of the applicant who may have medical limitations or may not be suitable to attend a School of Frontier Missions (SoFM) programme:

Current Medical Problems for which they are receiving treatment or which may affect their health:

Current Regular Medication:

Past History:

Relevant Family History:

Please give details if the applicant has had problems with any of the following:

- epilepsy or fits
- anaemia or blood disorders
- endocrine disorders
- psychiatric problems (including depression, panic attacks, anxiety and eating disorders, etc)
- adverse reactions to stressful situations
- infectious diseases
- allergic reactions which would cause a serious medical concern
- needs to be within 20 minutes of a medical facility

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Is there any other relevant information which we may need to know before accepting the applicant?

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Signed: \_\_\_\_\_

Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
(dd) (mm) (yy)

Name and Address (or practice stamp) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the completed form to:

SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road, Seamill, KA23 9NJ Scotland

If you require any further details please telephone on +44 (0)1294 829400 or email at [sofm@ywamseamill.org](mailto:sofm@ywamseamill.org)

Passport/Visa Information

SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

Please send 3 (three) passport size photographs with this form.

Please send this document, completed and with photos, in a separate, sealed envelope and include it in your application package.

School applying for: \_\_\_\_\_

Please note: You must have a passport valid for at least 2 months prior to the beginning of the school and 6 months after the end of the school outreach phase for visa application purposes.

Name as listed on passport: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: City: \_\_\_\_\_ Country: \_\_\_\_\_

Citizenship/nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Place of Issue: City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of issue:   |       |       |  
                  (dd)   (mm)   (yy)

Date of expiry:   |       |       |  
                  (dd)   (mm)   (yy)

When completed, Please send this application form to:  
SOFM Leader, YWAM Seamill Centre, 9 Glenbryde Road,  
Seamill, KA23 9NJ Scotland

Please attach  
one of your  
passport size  
photographs  
here.

training in ywam Scotland

discipling the emerging generation  
discipling the emerging generation to disciple the nations  
discipling the emerging generation to disciple the nations

to disciple the nation

Emergency Contact

# SCHOOL OF FRONTIER MISSIONS - SOFM

in Seamill, Scotland



Youth With A Mission

STUDENT NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CONTACTS RELATIONSHIP (I.E. PARENTS): \_\_\_\_\_

CONTACT TELEPHONE NUMBER (S): \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

discipling the emerging generation  
discipling the emerging generation to disciple the nations  
discipling the emerging generation to disciple the nations

Financial Policy Sheet

**SCHOOL OF FRONTIER MISSIONS - SOFM**

in Seamill, Scotland



Youth With A Mission

The School of Frontier Missions (SoFM) is a faith venture. Each member of YWAM lives a life of faith, no one receives a salary, and each one has large objectives of faith which they are believing God to provide for every year. Your objective of faith is the SOFM fees. God's provision of your fees should be considered as a seal of God's approval - an indication of His will for you to attend the school.

The SoFM fees DO cover the cost of tuition, board and lodging.

The SoFM fees DO NOT cover the cost of your two year field placement. The cost of the school is given on the following page.

## REGISTRATION

A registration fee of £25 is required with the application (Payable in pounds sterling only! If

a cheque or bank draft is used, it must be made payable to YWAM only

This is non-refundable and covers administration costs.

## DEPOSIT

If your application is approved we will send you an approval letter. You will then need to send us a non-refundable deposit of £200. We require this because we begin to incur expenses before the school begins. Upon receipt of this deposit your approval will be confirmed subject to your having the remainder of the school fees.

## SUMMARY OF DUE DATES FOR PAYMENT

Registration Fee	£25 due with application
Deposit	£200 due when letter of approval is received
Balance of Fees	Due on arrival

## MUST I HAVE THE MONEY BEFORE I'M ACCEPTED?

Before we can fully accept you for the SoFM you must either have all of your fees or know where the money is coming from (e.g. your church or family have pledged to provide for your fees or you will be working before the SoFM and know that your income will cover the fees). This means that you will need a total of £1,700. This figure represents the SoFM fee. We will not be able to give you a full acceptance if this is not the case, unless your circumstances are exceptional.

Please communicate with us throughout the application process.

## WITHDRAWAL FROM THE SCHOOL

In the unlikely event of your withdrawing from the school we will refund your fees on a percentage basis after the £200 deposit has been deducted:

Withdrawal during week 1 - 90%

Withdrawal during week 2 - 80%

Withdrawal during week 3 - 65%

Withdrawal during week 4 - 50%

Withdrawal during week 5 - 40%

Thereafter no refund for the lecture phase will be given

## THE COST OF THE SOFM

Registration Fee	£	25
SoFM		1,675
<b>TOTAL</b>		<b>+£1,700</b>

**\*ALL FEES ARE PAYABLE IN POUNDS STERLING ONLY!\***

We do accept credit cards. Bank drafts and cheques issued in pounds sterling must be made payable to YWAM.

Note for taxpayers supporting a YWAM student: It is not possible to covenant gifts or claim tax back on money that is student fees, as it is not a gift to YWAM. A person must be committed to at least one year on YWAM staff for you to be able to covenant gifts for them.

## HELP

If you have any questions or if anything is unclear please contact the SoFM school leader, on +44 (0) 1294 829400 or email - [sofm@ywamseamill.org](mailto:sofm@ywamseamill.org)