



Youth With A Mission , Fiji

Please attach a recent passport photo

BSN 2020 - March 16th to Aug 28th, Suva.

Bible School for the Nations Application Form

Part One- Personal Details

Name (as found in passport)	Ms / Miss / Mr		Family/ Surname
	(First Name)	(Middle Name)	(Preferred Name)
Permanent Address	Street	City	State/Province
	Postal code	Country	Email
	Mobile Phone	Mailing address – if different From above	
Current address (if different from above)			
	Home phone	Work phone	email
Emergency Contact	Name	Contact (phone & address)	Relationship to applicant
Home Church	Name	Pastors Name	Pastors phone #
General Information	Date of birth	Place of birth	Citizenship
Passport details	Passport number	Date and place of issue	Expiration date

Please email your application form to:

katkranz@gmail.com



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Part One – Personal Details continued

Education (give a brief overview of your educational history)	
Occupational Skills (Give a brief overview of your employment history)	
Have you ever been convicted of a crime? (if yes, explain)	
Musical abilities	
Other Skills, Talents, Hobbies	
Where and when did you do your DTS ?	
When and where did you do your DTS outreach?	
Please list any other 2nd level schools you have done in YWAM Where/when?	
Are you pursuing a UofN degree?	
Do you have the complete school fees?	<i>If NO, how much do you presently have?</i>
How do you anticipate the provision of the remaining amount?	<i>Do you have financial support? Do you have any debts?</i>



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Part Two- Personal History

Please prayerfully and concisely answer the following questions . Use an extra page and attach it to this application form if necessary.

1.	Please describe your present relationship with the Lord. Be as specific as you can
2.	Is God leading you into any particular area of ministry?
3.	Describe the involvement you have had with your church. Does your church support you in your decision to join the BSN?
4.	How is your relationship with your immediate family?
5.	Why do you want to do the BSN?
6.	In the BSN you are required to do about 3 hours of personal study in addition to the morning's lectures. Are you willing to make this kind of investment?
7.	How did you find out about the BSN?



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Part Three- Financial Responsibility

Payment Overview

First payment	\$30 non-refundable application Fee.	Due with applications.
Second	\$500 enrolment deposit plus health cover if required	due 2 weeks before start of school
Third	\$ remaining lecture fees	Due at beginning of school.
Fourth	\$ outreach/ airfares	Due 2 weeks prior to outreach
Fifth	ground fees depending on location.	Due at beginning of outreach.

BSN School Fees – please write to katkranz@gmail.com stating which nation you are coming from, to determine your fees. Thankyou!

Outreach Costs: still to be determined depending on outreach location

This is for the 8 week outreach phase. It covers vehicle running costs, food, accommodation, bus or train tickets etc. It does not cover airfares should you be flying to another destination.

a. Insurance

Overseas students studying in Fiji on student visas are required to obtain Overseas Health Coverage. All students traveling overseas on outreach need to take out travel insurance.

b. Refund

Refunding of fees will only be given to a student who wishes to withdraw from BSN during the first week of school.

Please send your application form to katkranz@gmail.com

Please send your fees to:

Account Name: Youth With A Mission

Account No: 9801293953

Bank: Westpac Banking Corporation, Suva Branch, 1 Thomson Street, Suva.

Very important: Please attach note with payment saying it is for BSN



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Part Four- CONFIDENTIAL REFERENCE DETAILS

Two references are required, one from each of the following: pastor/spiritual leader and a friend (who knows you well). Please list the details of your references below so that we can contact them.

.Your application will not be processed without them.

Referee – Pastor/Spiritual Leader	
Mr Mrs Ms Miss	
First Name:	Phone: Home/cell
Last Name:	Email:
Referee – Friend (who knows you well)	
Mr Mrs Ms Miss	
First Name:	Phone: Home/cell
Last Name:	Email:



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Part Five: Medical History & Health Form

TO THE APPLICANT

NOTE: All staff and students in Youth With A Mission are required to provide a full medical history. The purpose for this is to have your medical details available should you become sick while away from your personal physician and in YWAM care. All information is confidential except to your leaders. International students, be aware that you may have to have a separate medical for immigration purposes once you have been accepted.

Part A - Personal Details and Medical History

Your Name:	Mr/ Mrs/ Miss	first name	last name
Permanent address:			
Phone:			

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?

	Yes/ No			Yes/No			Yes/No	
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach 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 injuries	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent diarrhoea	<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"/>	Anaemia	<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 disorder/ depression/anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Tumour/Cancer	<input type="checkbox"/>	<input type="checkbox"/>

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Do you have any of the following? Or have you had any of the following?

<u>Allergy</u>	Yes	No	<u>Surgery</u>	Yes	No	<u>Females only</u>	Yes	No
Penicillin			Appendectomy			Irregular periods		
Sulphonamides			Tonsillectomy			Severe cramps		
Serum			Hernia repair			Excessive flow		
Food (specify)			Other (specify)			Are you pregnant?		
Any other (specify)								

Are you at present under a Doctor's care for any condition?	No _____ Yes _____ (specify)
Are you taking any medication at this time?	No _____ Yes _____ (specify)
Do you now or have you ever received any compensation for disability from any source?	No _____ Yes _____ (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 Scarlet Fever Measles (Rubella) Tuberculosis
 Measles (Rubella) Hepatitis Mumps AIDS/HIV
 Pertussis Other (specify)

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According to the WHO (World Health Organization) please be advised that the following immunisations are strongly recommended for Fiji. Before you come to the BSN please make sure that all your immunisations are up to date.

IMMUNISATION HISTORY

	Date		Date		Date		Date
Typhoid		Rubella		Tetanus		Mumps	
Polio		BCG		measles		Pertussis	
Diphtheria				Hepatitis B		Hepatitis A	

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