

PHDN Application

Guidelines for the application:

Please fill out this application honestly and to the best of your ability.

- ✓ **Forms** - Application form, Leader's/Pastor's Confidential Reference Form - All forms must be completed for acceptance.
- ✓ **Application Fee** - Applications must include a \$50 USD non-refundable application fee.
- ✓ **Additional Space** - You can use addition paper for the Expectations & Personal Outlook and Personal History Information section.
- ✓ **Reference Forms** - Fill in the top part of the form and give it with a stamped envelope to your leader/pastor so they can mail it to our office.
- ✓ **Mail** - Please mail or email completed forms to:

YWAM Tuen Mun

Unit A, 20/F Tak Wing Industrial Building

3 Tsun Wen Rd

Tuen Mun, NT

Hong Kong

Email: info@ywamtuenmun.org





PHDN Application Form

Date of Application _____
D/M/Y

50 USD / 385 HKD Registration Fee

PHDN Applying For _____
Starting Date: D/M/Y

PERSONAL INFORMATION

\$50 USD Application Fee

Legal Name _____
Family/Last First Middle Preferred Name

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____

Email _____ Sex: Male Female

Age _____ Date of Birth _____ Place of Birth _____
Day/Month/Year City Country

Marital Status: Single Engaged Married (Date _____) Separated (Date _____)
 Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Spouse's Name _____ Sex Male Female
Family/Last First Middle

Age _____ Date of Birth _____ Place of Birth _____
Day/Month/Year City Country

Please list your immediate family members (parents, siblings, spouse, children, if applicable):

Family/Last	First	Age	Birth Date (D/M/Y)	M/F	Relationship

EMERGENCY CONTACT INFORMATION

In case of emergency contact _____ Relationship to applicant _____

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____

Email _____

PASSPORT INFORMATION

Country of Citizenship _____ Passport No. _____

Name as on Passport _____
Family/Last First Middle

Place of Issue _____ Passport Expiry Date _____

Have you ever been refused a Visa? No Yes (please give nations and brief details) _____

CRIMINAL RECORD

Do you have any criminal convictions in any country? No Yes When _____

D/M/Y

Please explain further _____

CONSENT FOR TREATMENT

In case of emergency; I/We hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's signature _____ Date _____

D/M/Y

Parent or Guardian's Signature (required if applicant is under 18yrs old) _____

HOME CHURCH INFORMATION

Home Church _____ Denomination _____

Pastor's Name _____ Length of Attendance _____

Permanent Mailing Address _____
Street/P.O. Box _____ City _____

State/Province

Zip/Postal Code

Country

Phone No. _____ Fax No. _____

Is your pastor/church in favor of you applying for this position? Yes No

EDUCATION, OCCUPATIONAL EXPERIENCE AND OTHER SKILLS

I completed High School/Secondary School Equivalent of High School/Secondary School
 College/University

Name of Institution/School	Dates of Attendance (D/M/Y)	
	From	To
	From	To
	From	To
	From	To
	From	To

Have you acquired any degree or major? No Yes, degree/major: _____

Which base you attended DTS (if attended) _____ Which year _____

List any significant job/occupational experience you have had:

Company, Position & Skills Used	Dates position was held (D/M/Y)	
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

Other skills, talents or special interests _____

First/Native Language _____

Other Languages _____ Level of Ability _____

HEALTH FORM

Legal Name _____
Family/Last First Middle Preferred Name
 Email _____ Home Tel Number _____

Note: Medical Insurance & Travel Cover is compulsory at YWAM Tuen Mun, so please ensure you have correct cover for the duration of your stay.

Do you have medical insurance? Yes (Please include a photocopy of your policy with this application form and complete the details below)
 No (We recommend that you make an enquiry with **Talent Trust Consultants** (www.talent-trust.com), a reputable insurer for people around the world involved in Christian ministry.)

Name of Insurance Carrier _____
 Policy/Cover Type _____ Policy Number _____ Expiry Date _____
D/M/Y

Brief Description of Coverage _____

EMERGENCY CONTACT INFORMATION

In case of emergency contact _____ Relationship to applicant _____

Permanent Mailing Address _____
Street/P.O. Box City

State/Province Zip/Postal Code Country

Phone No. _____ Cell/Mobile No. _____ Fax No. _____
 Email _____

HEALTH HISTORY (Answer all the questions. Explain positive answer below or on a separate sheet of paper.)

Do you have, or have you ever had, any of the following? (Check 'Y' for Yes or 'N' for No)

Y	N		Y	N		Y	N	
		1. Skin Conditions			12. Currently Pregnant			23. Sexually Transmitted Diseases
		2. Eye Trouble			13. Severe Cramps			24. Surgery
		3. Ear Trouble			14. Gall Bladder Trouble			25. Jaundice
		4. Head Injury			15. Heart Trouble			26. Hepatitis
		5. Recurrent Headache			16. High Blood Pressure			27. Intestinal Trouble
		6. Epilepsy			17. Low Blood Pressure			28. Recurrent Diarrhea
		7. Fainting Spells			18. Rheumatism			29. Diabetes
		8. Mental/Nervous Disorder			19. Back Problems			30. Anemia
		9. Depression			20. Dislocation of Joints			31. Kidney Disease <small>Others (please specify)</small>
		10. Paralysis			21. Broken Bones			
		11. Excessive Flow			22. Stomach Ulcer			

Explanations for the above: _____

Are you presently under a doctor's care? Yes No Please specify _____

Are you presently taking any medication? Yes No Please specify _____

Are you allergic to any medication or drugs? Yes No Please specify _____

Are you or did you ever receive compensation for disability from any source? Yes No
Please specify _____

Do you have any physical impairments, handicaps or health conditions which require attention? Yes No

How would you rate your overall health condition? Excellent Good Fair Poor

DISEASE HISTORY

Have you ever had any of the following COMMUNICABLE DISEASES?

Y	N		Y	N	
		1. Chickenpox			5. Pertussis
		2. Measles (Rubella)			6. Scarlet Fever
		3. Measles (Rubeola)			7. Tuberculosis
		4. Mumps			Others

FAMILY HISTORY

Have any of your immediate family members ever had any of the following?

Y	N		Y	N	
		1. Tuberculosis			5. Arthritis
		2. Diabetes			6. Stomach Diseases
		3. Kidney Disease			7. Asthma/Hay Fever
		4. Heart Disease			8. Epilepsy/Convulsions

IMMUNIZATIONS

Have you received immunizations for the following diseases? If not, it is recommended to have these immunizations up-to-date before coming to Hong Kong.

Y	N		Y	N	
		1. Hepatitis A			4. Tetanus / Pertussis / Diphtheria
		2. Hepatitis B			5. Polio
		3. Typhoid			6. Measles / Mumps / Rubella

FINANCIAL INFORMATION

Family, friends and churches have pledged support for me, amounting to USD \$ _____

I currently have towards seminar expenses USD \$ _____

How do you plan to raise additional funds? _____

Do you currently have any outstanding debts or financial obligations? Yes No

If yes please explain _____

DECLARATION

I commit myself to paying all expenses incurred during my involvement with Youth With A Mission Hong Kong at the centre in Tuen Mun.

I have completed all portions of this application form and if accepted agree to abide by the spirit, policy and schedule of the centre in Tuen Mun and Youth With A Mission Hong Kong

Applicant's Signature _____ Date _____
D/M/Y

RELEASE OF LIABILITY

I/We do hereby release the University of the Nations, and Youth With a Mission, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, theft, damage, disability or loss of health, property, emotional stability or life, which may be sustained by said person during the course of involvement with University of the Nations.

Applicant's Signature _____ Date _____
D/M/Y

EXPECTATIONS & PERSONAL OUTLOOK/OVERVIEW (Please use additional paper)

(If you can, please answer the following questions either in English, German, Spanish, Korean or Portuguese. For other languages please let us know.)

1. How did you first hear of Youth With A Mission Tuen Mun, Hong Kong?
2. What are your reasons for applying for the PHDN?
3. How might your gifts and talents be used in Hong Kong?
4. Please list areas of weakness, temptation, and personal struggle both in the past and present. (In Hong Kong, these areas are often targeted for spiritual attack and we would like to better provide appropriate support and accountability.)
5. What are your goals and expectations for the PHDN?
6. Briefly describe any experience you have had in other cultures.
7. How do you think you would cope with shared living quarters and different foods?
8. Are there any pending circumstances that might necessitate your immediate return from the PHDN? Such as: financial or legal commitments, care for the elderly/ill family members, ongoing issues with your children etc. If so please explain.
9. Are there any other factors in your current situation that you would like to share with us or that we should be aware of?

Applicant's name: _____

Please email / mail all forms to: info@ywamtuenmun.org

YWAM Tuen Mun
Unit A, 20/F Tak Wing Industrial Bldg
3 Tsun Wen Rd
Tuen Mun, NT
Hong Kong



PERSONAL HISTORY INFORMATION

Please write 2 or 3 paragraphs on each topic. Use additional pages if necessary.

Title _____	Legal Name _____	Family/Last _____	First _____	Middle _____
Permanent Mailing Address _____		Street/P.O. Box _____	City _____	
State/Province _____	Zip/Postal Code _____	Country _____		

Personal History - Briefly describe the following:

A. Your conversion experience and present spiritual relationship with the Lord Jesus.

B. The areas of your character you are seeking to further develop and improve.

C. Your long-term goals.

D. Your relationship with your local church including areas of ministry, service and leadership experience.

E. Your business, professional, mission - related (including YWAM involvement) or other experience.

F. Your relationship with your family.

G. How does your family feel about your plans to enroll in the PHDN with YWAM Tuen Mun, Hong Kong?

LEADER'S / PASTOR'S CONFIDENTIAL REFERENCE FORM



APPLICANT: Please fill in your information on this form, sign it and give it to your leader to complete.

Applicant Information

Title _____ Legal Name _____
Family/Last First Middle

Program Applying For _____

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

Applicant's Signature _____ Date _____
D/M/Y

Serious consideration will be given to your comments: therefore we ask you that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is appreciated. Thank you for your assistance. Please check the following and comment where necessary.

How well do you know the applicant? Very Well Well Casually Comments _____

How would you rate the applicant in the following categories?

- | | | | | | |
|---------------------|-----------------------------------|--|----------------------------------|--|-----------------------------------|
| Initiative | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Concern for Others | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Social Adaptability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Ability to Follow | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Leadership | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Decision making | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Emotional Stability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Health | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Personal Appearance | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |

Comments _____

- | | | | |
|--------------------------|--|----------------------------------|-----------------------------------|
| Mental Ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Industry | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Reliability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Cooperativeness | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Flexibility | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Christian Character | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Disposition | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Punctuality | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |
| Financial Responsibility | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Inferior |

Comments _____

1. To what extent is the applicant actively involved in church? _____

2. Does he/she display high moral standards? Yes No Comments _____

3. Is he/she prejudiced against any groups, races or nationalities? Yes No Comments _____

4. With reference to his/her Christian service, this applicant is: Dedicated Average Casual

Comments _____

5. In consideration which of the following would best describe the applicant's Christian experience?

- Mature Contagious Genuine & Growing Over Emotional Superficial

6. Overall, what do you consider to be the applicant's strong points? (Include special abilities)

7. Please comment on the applicant's family background, if known:

8. In your opinion, what are the applicant's motives for applying to YWAM Hong Kong?

9. What could YWAM Hong Kong do to aid in the applicant's personal development?

10. Please add any relevant remarks (i.e. medical, psychological, drug or alcohol related or other life situations we should know more about):

11. Would you recommend the applicant for acceptance into YWAM Hong Kong? Yes No Yes with reservations.

Comments

I have known _____ for _____ years, and believe that he/she possesses the qualities indicated above.

Applicant's Name

Referee's Signature _____

Date _____

D/M/Y

Name _____ Position _____

Address _____ Phone _____

Email _____

Would you like to receive further information about YWAM Tuen Mun Hong Kong or its courses? Yes No

Further comments (if any)

Please email / mail all forms to:

info@ywamtuenmun.org

YWAM Tuen Mun

Unit A, 20/F Tak Wing Industrial Bldg

3 Tsun Wen Rd

Tuen Mun, NT

Hong Kong

