



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 Number _____

Fax Number _____

Is your pastor/church in favour of you applying for this programme? Yes No

Education, Occupational Experience and Other Skills

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

Name of Institution

Dates of attendance (D/ M/ Y)

	from	to

Have you acquired any degree or major? No Yes Type _____

List any significant job/occupational experience you have had:

Position

Dates position was held

	from	to

Other skills, talents or special interests _____

Type of driving license None Car Large truck Public Bus

First/Native Language _____

Other Languages

Level of Ability

_____ Fluent Conversational Rudimentary
 _____ Fluent Conversational Rudimentary

YWAM/U of N Background Information

List any previous YWAM/U of N experience or schools:

Are you a U of N degree student? Yes No

School/Experience/Position	Location	Leader/s	Date





Health Form

Note: Medical Insurance is compulsory in Switzerland, so please ensure you possess valid insurance for the duration of your stay in Burtigny. Your policy must cover you for at least 1 million Swiss Francs.

Do you have medical insurance? Yes (Please include a photocopy of your policy with these application forms.)
 No (We can recommend a short term policy for you if requested.)

Medical Insurance Company _____ Policy Number _____

Would you consider yourself to be in good health? Yes No – explain _____
 _____ Height _____ Weight _____

Have you ever had, or do you have, any of the following?

(Please tick to indicate a YES and, if so, supply details on a separate sheet of paper. If your answer is NO leave the area blank)

Back problems _____	Asthma _____	Hepatitis _____
Eye trouble _____	Hay Fever _____	Diabetes _____
Ear trouble _____	Allergies _____	Cancer _____
Migraines _____	Heart Trouble _____	HIV/Aids _____
Epilepsy _____	High Blood Pressure _____	Depression _____
Mental/Nervous Disorders _____	Low Blood Pressure _____	Chronic Fatigue _____
Insomnia _____	Rheumatism/Arthritis _____	Auto immune condition _____
Shortness of breath _____	Stomach Ulcer _____	

Any other illnesses or conditions we should know of? _____

Are you at present under a doctor's care? Yes No (specify) _____

Are you taking any medication at present? Yes No (specify) _____

Are you allergic to any drugs? Yes No (specify) _____

Do you have any impairment, handicaps, or health conditions which require special attention, housing or dietary needs?
 Yes No (specify) _____

Are you underweight? Yes No Overweight? Yes No If so, by how much? _____

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 _____
Day/Mo/Yr

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

Emergency Information

In case of an emergency please contact _____

Permanent Mailing Address _____

Street/P.O. Box
City

State/Province
Zip Postal Code
Country

Phone Number _____ Cell phone _____ Email address _____

Relationship _____





Financial Information

Do you have your complete school fees? Yes No

If no, from what source will they come? _____

Do you currently have any outstanding debts? Yes No

If yes, please explain _____

Acknowledgement of Responsibility

I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved in writing by the school leader. Further, I agree to pay; prior to the completion of school, all expenses incurred during my involvement with Youth with a Mission and University of the Nations. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedule of the school.

Applicant's Signature _____ Date _____
Day/Mo/Yr

Release of Liability

I/We do hereby release 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 _____
Day/Mo/Yr

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

Expectations

How did you first hear of University of the Nations, Burtigny, Switzerland? _____

What reasons most influenced your decision to apply? _____

What expectations do you have for this course? (use additional paper if needed) _____

I certify that all information in this application is complete and accurate

Applicant's Signature _____ Date _____
Day/Mo/Yr

Please mail forms to: Registrar JEM/UofN Burtigny 1268 Switzerland





REFERENCE FORM

Fill in your name, the school you are applying for, with signature and send it to a suitable referee with a stamped envelope addressed to: Registrar JEM/U of N 1268 Burtigny Switzerland Fax: +41 22 366 4116 E-mail: schools@jemburtigny.ch

Name of Applicant _____ E-mail Address _____

School Applying For _____ Starting Date of school _____
Mo/Yr

I, the above-named applicant, waive any right I have to read or obtain copies of this recommendation. I realize that my signature below is NOT required as condition for admission.

Signature _____ Date: _____
Day/Month/Year

The above applicant has applied for admission to University of the Nations (U of N). U of N is a mission-orientated university under the auspices of Youth with a Mission (YWAM), an international, interdenominational Christian missionary organization. YWAM, founded in 1960, now has training locations in over 150 nations on all 6 continents. It purposes to equip men and women spiritually, intellectually, culturally and professionally, and inspiring them to use their God given abilities to communicate and demonstrate the Gospel to all nations.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in returning this form is important. Thank you for you assistant. Please check and comment where necessary.

What is your relationship to the applicant? Employer Teacher Pastor Friend Previous YWAM Leader

How well do you know the applicant? Very well Well Casually For how long? _____

	Above Average	Average	Below Average		Above Average	Average	Below Average
Initiative				Industry/hard worker			
Social Adaptability				Reliability/meets obligations			
Concern for others				Cooperativeness			
Ability to follow				Flexibility			
Leadership				Punctuality			
Judgement/Decision-making				Financial responsibility			
Emotional Stability				Personal appearance			
Health				Positive attitude			
Response to pressure				Cleanliness			
Mental Ability				Stewardship			

Comments _____

To which extent is the applicant active in church work? _____

Is the applicant prejudiced against any groups, races or nationalities? No Yes If yes, please explain _____

Does the applicant display high moral standards? Yes No (if no, please explain) _____

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

Mature Contagious Genuine and Growing Over Emotional Casual





REFERENCE FORM (Page 2)

Overall what would you consider to be the applicant's strong points? (please include any special abilities that you may be aware of)

What do you see as one of the applicant's weak points? _____

Is the applicant to your knowledge aware of their weak points and are they striving to improve in this area? _____

Please comment on the applicant's family background _____

Does the applicant to your knowledge struggle in relation to any of the following areas: medical, emotional, psychological, smoking, drugs, alcohol, pornography? (Feel free to also comment on any other areas you feel we should know about) _____

In your opinion, what are the applicant's motives for applying to the U of N? _____

What could the U of N do to aid the applicant's personal development? _____

Pastors only: Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

Would you recommend the applicant for acceptance? Yes, wholeheartedly Yes, with reservation No

Comment _____

I certify that all information on this reference forms is accurate to the best of my knowledge and judgment:

Signature _____ Date _____
Day/Month/Year

Name _____ Position _____

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

Zip/Postal Code Country Email _____

Phone Number _____ Cell Phone _____ Fax Number _____

Please mail all forms to: Registrar JEM/U of N 1268 Burtigny Switzerland Fax: +41 22 366 4116 E-mail: schools@jemburtigny.ch

