



**Application for
Create International Discipleship Training School**

January - May 2012

Greetings from Create International Thailand! Thank you for your interest in our CIDTS. We are excited that you are thinking of us for this school and will be happy to answer any questions you have.

Guide to Completing the Forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). Husbands and wives must complete separate forms. Children who are taking the school must complete their own separate application.

We need each item to complete your application:

- | | |
|--|---|
| <input type="checkbox"/> Basic Application Submitted (2 pages) | <input type="checkbox"/> Friend Reference (3 pages) |
| <input type="checkbox"/> Registration fee: 1,000 THB (1,500 THB for couples) | <input type="checkbox"/> Pastor Reference (3 pages) |
| <input type="checkbox"/> Supplemental CIDTS Questions (1 page) | <input type="checkbox"/> Medical Forms (4 pages) |

Basic Application: Please fill out and sign the next two pages and submit them with the other forms. Attach a recent photo of yourself (or attach a JPEG file to your email message).

Registration Fee: Each applicant must pay a non-refundable fee of 1,000 THB or 1,500 THB per married couple. Your application cannot be processed without it. You may pay via PayPal using the following email: <admin@createthailand.com> or via bank transfer (please contact the school leader for more details). The registration fee for Thai citizens is 250 THB or 400 THB per married couple.

Supplemental CIDTS Questions (page 3): Please prayerfully answer these questions. This is your chance to recommend yourself to the CIDTS staff, so please make your answers as detailed as you like.

Confidential Reference Forms: A confidential reference form is included. Please print two copies of this form. One reference should be given to each of the following: (1) Friend (2) Pastor. Please request that they fill it out and mail it directly to Create International Thailand. You may want to give them a stamped envelope with our address on it. Alternatively, they may email their answers directly to the email address at the bottom of this page.

Medical Requirements: The confidential health form must be completed *for each family member coming to Thailand*, and signed by a nurse/physician. Fill out the childhood immunization records as completely as possible. Any boosters should be received within the last 5 years. These details are very important—your application cannot be processed without them.

Visas: (International Students) Upon acceptance to this school, you will receive an application and letter from YWAM Thailand to the Royal Thai Consulate General requesting a non-immigrant visa. **YOU MUST OBTAIN THIS NECESSARY VISA BEFORE YOUR ARRIVAL.** Visas may be obtained at the Thai embassy in your home country. Please check that they will process this visa.

Passport: If you do not have a passport you must apply for one immediately. Each accompanying family member must have their own. Passports must have at least six months validity beginning on the date of your arrival.

IMPORTANT:

*International student applications must be received no later than **one month** before the school begins.
Thai student applications must be received no later than **two weeks** before the school begins.*

Please mail printed, completed forms to
Create International Thailand
PO Box 46, Sam Yaek, Suanprung Post Office
A. Muang, Chiang Mai, Thailand 50201

Please email digitally completed forms to
cidts@createthailand.com

Fax/Phone: +66 (0) 53 213 944

Educational History:

Secondary/high school or equivalent, from which you graduated or will graduate:

Name _____

Date of Graduation ____ / ____ / ____ I did not complete high school.

Colleges, universities, vocational schools or seminaries attended:

Name _____ Location _____ From _____ To _____

Name _____ Location _____ From _____ To _____

Financial Support:

Do you have your complete school fees? ** Yes No If no, how much do you have at this time? ฿ _____ (in Thai Baht)

If no, how do you plan to pay for your school fees? _____

Do you have any outstanding debt? Yes No Please explain: _____

**** Please keep in mind that your complete school fees for the lecture phase are due in full the first day of class!**

PLEASE READ, THEN SIGN BELOW WITH DATE IN ALL FOUR SECTIONS

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to or upon my arrival unless otherwise approved by the school leader before my departure to Create International Thailand. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth with a Mission training program. If I am accepted into the YWAM training program, I will abide by the spirit, rules and schedule of the school.

Applicant's Signature _____ Date _____

Release of Liability

I/we do hereby release Youth with a Mission, its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth with a Mission.

Applicant's Signature _____ Date _____

Parent or Guardian's Signature* _____ Date _____ Relationship _____

Consent for Treatment

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

Applicant's Signature _____ Date _____

Parent or Guardian's Signature* _____ Date _____ Relationship _____

Consent for Burial

Normally, your healthcare insurance will cover the costs related to the shipment of your body to your home country or alternative burial costs at the location of death. However, in some situations this may not be the case. Please read your policy exclusions carefully. In the unlikely event that you should die during the school or on outreach, every possibility will be sought to contact your family and fulfill their desires. However, in the event that they cannot be reached within a reasonable time frame, we need you to sign the following agreement:

I agree, in the case of my death while in Youth with a Mission/Create International Thailand, that they may carry out the burial in the location of death. If my family desires to see the body shipped home, I understand that they will need to cover all expenses incurred. I hereby absolve Youth with a Mission/Create International Thailand, its staff and associates, from any responsibility for burial or repatriation costs.

Applicant's Signature _____ Date _____

Children's Names (print) _____

Parent or Guardian's Signature* _____ Date _____ Relationship _____

* Required if applicant is under 18 years of age.

Create International Discipleship Training School (CIDTS) Supplemental Questions for Applicants

In order for us to get to know you better, please prayerfully answer the following questions in as much detail as you like. Please write N/A if a question does not apply to you. Email back your answers or send them on a separate sheet of paper with the rest of your application.

Personal History

1. Please describe your conversion experience and present relationship with God.
2. How long have you been a Christian?
3. What is your purpose for attending the DTS?
4. What areas of your character are you presently seeking God to further develop and improve?
5. Describe your present relationship to your local church and leaders, and your involvement there.
6. Are they supportive of your mission work?
- 7a. Do you have any physical disabilities that we should be aware of?
- 7b. Have you had any mental illness? If yes, please describe.
- 7c. Are you presently taking any medication, or under a physician's treatment?
- 7d. Do you have any special dietary needs? (vegetarian, food allergies, etc.)
- 8a. Are you presently seeing a professional counselor for any issues?
- 8b. Do you have a need for professional counseling at this time? If yes, for what issue?
- 8c. Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?
- 9a. If you are married and/or have children, please list these family members with their full name, date of birth, and gender.
- 9b. Do they have any disabilities we should be aware of?
- 10a. Have you ever engaged in drug abuse or the occult?
- 10b. Do you use any tobacco products? (cigarettes, chewing tobacco?)
- 11a. How would you describe your relationship with your family?
- 11b. Do your parents approve of you attending a YWAM school?
- 11c. If you are married and/or have children, please describe how they feel about coming to Thailand for this school.

Missions

12. Do you feel you have a call to missions?
13. What is your specific commitment to missions—short or long-term?
14. Do you feel you have a calling to another nation or cultures? If yes, please explain.
15. Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small rooms for families?
16. Do you plan to pursue a University of the Nations degree at this time?
17. Do you have any difficult situations to deal with in regard to attending the CIDTS? How can we pray for you?
18. If you were not accepted as part of this school, what would you do? (ie. next step or alternatives)

Finances

- 19a. Do you have your full tuition plus enough money for your travel to Chiang Mai, Thailand?
- 19b. If no, how much money do you currently have? How do you plan on paying for this school?
20. Do you currently have any outstanding debt? If yes, please describe.
21. International students must come with a round-trip ticket. Do you have the funds to cover your round-trip airfare?



**Youth With A Mission
Create International Thailand
Confidential Reference Form**

PLEASE CHECK ONE:

- Applicant's Pastor
- Applicant's DTS Leader
- Applicant's Friend
- Other (specify): _____

Please fill out and mail printed, completed forms to
Create International Thailand
PO Box 46, Sam Yaek, Suanprung Post Office
A. Muang, Chiang Mai, Thailand 50201
Fax/Phone: +66 (0) 53 213 944

*Please fill out and email digitally completed forms
directly to the appropriate school email address:*
cidts@createthailand.com (for CIDTS)
sfm@createthailand.com (for SFM)
socam@createthailand.com (for SoCAM)

To the Applicant:

Name: _____
School applying for: CIDTS SFM SoCAM
Address: _____

I, the above named applicant, WAIVE any right to have or obtain
copies of this reference form knowing that this waiver is NOT
required as a condition for admission.
Signature: _____

To the person filling out this form:

Name: _____
Address: _____

Home Phone*: _____
Cell/Mobile*: _____
Email: _____
* Please include both country code and aea code.
 Please send me information on Create International

The above named applicant has applied for admission to a University of the Nations accredited school at Youth With A Mission (YWAM) Create International Thailand. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 800 locations in over 135 countries. Its purpose includes training, challenging and channeling Christians to fulfill Christ's command, "Go therefore, and make disciples of all nations."

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. We would appreciate your honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that you write on this form will be held in strict confidence. We appreciate your prompt completion of this form. Thank you!

Relationship Questions

1. My precise relationship to the applicant is _____
2. How long have you known the applicant? _____
3. On a scale of 1 to 10 (10 = very well), how well do you know the applicant? (circle one) 1 2 3 4 5 6 7 8 9 10
4. Does the applicant know Jesus Christ as his/her Lord and Savior and display Christ in everyday living? How? _____
5. Prior to receiving this form, were you made aware that the applicant would be applying for this school? Yes No
6. Please describe the applicant's level of commitment to church, work, or school: _____
7. In the applicant's relationships, do they tend to lead or follow? _____
8. How does the applicant respond to conflict in relationships? _____
9. Do you believe the applicant has a call to missions at this time? _____
10. (Pastor only) How long has the applicant attended your church? _____
11. (DTS Leader only) During what time was the applicant under your leadership? From ____ / ____ / ____ To ____ / ____ / ____

Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known." Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Personal Character						
Self-Discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common Sense						
Integrity						
Academic Ability						
Financial Responsibility						
Stewardship						
Industriousness						
Respect for Authority						
Health						

Emotional Maturity

Self-Confidence						
Self-Esteem						
Ability to Deal with Stress						
Accurate View of Strengths and Weaknesses						
Ability to Deal with Interpersonal Problems						
Overall Emotional Maturity						

Spiritual Maturity

Knowledge of the Bible						
Consistency of Christian Work						
Ability to Share Christ with Others						
Concern for Others						
Assurance of God's Calling						
Respect of Others' Convictions						
Overall Spiritual Maturity						

Leadership Potential

Initiative						
Willingness to Serve						
Ability to Make Decisions						
Organizational Skills						
Ability to Follow						
Ability to Motivate Others						

Social Adaptability

Cooperation						
Tactfulness						
Communication Skills						
Personal Neatness						
Respect of Peers						
Positive, Contagious Spirit						

Have you noticed these tendencies?

	Not Known	Very Apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical Attitude						
Argumentativeness						
Domineering Manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/Worry						
Moodiness						
Dependent Relationships						
Homosexual Relationships						
Eating Disorders						
Behavioral Disorders						
Drug Abuse						
Closed-Mindedness						
Emotional Instability						
Flirtatiousness						
Sexual Immorality						
Easily Embarrassed						
Easily Discouraged						
Prejudice						
Impatience						
Gives in to Peer Pressure						
Arrogance						
Frequent Exaggeration						
Lack of Sense of Humor						
Infatuations						
Dishonest or Questionable Character						
Involvement with the Occult						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Applicant's Gifts/Talents						
Administration						
Counseling						
Hospitality						
Motivating and Training Others						
Music						
Visual Arts						
Prayer						
Speaking/Teaching						
Encouragement						
Computer Skills						
Worship						
Other _____						

Further Questions

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". For additional space, you may write on the back of this sheet or include a separate sheet.

1. How does the applicant respond to designated authority and standards?

2. Can the applicant take responsibility and demonstrate leadership? Give an example.

3. Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others.

4. Please comment on the applicant's ability to establish close, healthy relationships with others.

5. How does the applicant deal with relationships of the opposite sex?

6. Do you have reservations concerning the financial integrity of the applicant? If yes, please explain.

7. Do you have reservations concerning the personal integrity of the applicant? If yes, please explain.

8. Have you noticed any alcohol, tobacco, or drug abuse? _____

9. Has the applicant ever been arrested? _____

10. Please comment on the applicant's family background.

11. Summarize the applicant's suitability for missionary service, adding considerations that may influence his/her effectiveness.

12. Would you recommend the applicant for the YWAM Create International Thailand school that he/she is applying for?

Unsuitable Unsuitable at the present time Good prospect, but I have reservations Average prospect Great prospect

Please call or Skype me, I would like to discuss the applicant over the phone. Please provide up to two contact options:

Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Skype Name: _____

Additional Comments:

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Name (print): _____

Signature: _____ Date: _____

Confidential Health Form

To the Applicant: This information will be treated as confidential.

Please print or type answers to ALL questions. As certain medical conditions may preclude acceptance, Part B must be completed by your physician or physician's assistant.

School you are applying for: _____ Starting Date: _____
month year
 Name: _____ Name: _____
last (surname) first middle MM DD YY

Permanent Address

Street/PO Box: _____
 City/Town: _____
 State/Province: _____
 Postal Code: _____ Country: _____
 Home Phone*: _____
 Cell/Mobile*: _____

* Please include both country code and area code.

Emergency Contact

Name: _____
 Relationship: _____
 Street/PO Box: _____
 City/Town: _____
 State/Province: _____
 Postal Code: _____ Country: _____
 Home Phone*: _____
 Cell/Mobile*: _____
 Email: _____

* Please include both country code and area code.

Part A: Personal History

Please answer all questions and take both Parts A and B to your physician. Comment on all positive answers in the space below, or on a separate piece of paper. The omission of health history problems or incomplete explanations of the same can lead to removal of acceptance status.

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

	NO	YES		NO	YES
Skin condition			Low blood pressure		
Eye trouble			Allergy: Bee stings*		
Ear trouble			Allergy: Penicillin		
Head injury			Allergy: Sulfonamides		
Recurrent headaches			Allergy: Serum		
Epilepsy			Allergy: Food (specify)		
Fainting spells			Tumor/Cancer		
Mental/Nervous disorders			Heart trouble		
Weakness			Rheumatism/Arthritis		
Paralysis			Back problems		
Insomnia			Dislocation of joints		
Shortness of breath			Broken bones		
Hay fever			Stomach/Duodenal ulcer		
Asthma			Gall bladder problems		
Hepatitis			Jaundice		
Recurrent diarrhea			Intestinal troubles		
Kidney disease			Diabetes		
Venereal disease			Anemia		
High blood pressure			Dengue fever		

* If you are allergic to bee stings, you must bring your own up-to-date reaction kit.

Have you ever had any of the following communicable diseases?

	NO	YES
Chicken pox		
Measles (Rubella)		
Measles (Rubeola)		
Mumps		
Pertussis		
Scarlet fever		
Tuberculosis		
Other (specify)		

Females Only:

	NO	YES
Irregular periods		
Severe cramps		
Excessive flow		
Are you pregnant?		
Previous pregnancies		

If you answered YES to any of the questions, please explain:

I have a specific need for counseling in the following areas: _____

Have you ever been tested for HIV? Yes No If yes, what was the result? Negative Positive

Surgeries Performed:

Date (month/year)	Type of surgery	Outcome and long-term effects

X-Rays Performed:

Date (month/year)	Type of X-ray	Result

Are you presently under a doctor's care for any condition? Yes No If yes, please specify: _____

Are you taking any medication at this time? Yes No If yes, please specify: _____

Please arrange to have all necessary long-term medications with you.

Do you now have, or have you ever received, any compensation for disability from any sources? Yes No If yes, please specify: _____

Family History:

Have any of your close relatives ever had any of the following?

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			

Part B: Physician's Evaluation

Applicant's Name: _____ Date: _____
last (surname) first middle

To the physician:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by a health service. As certain conditions such as diabetes, epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

To the applicant:

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to Create Thailand): typhoid, hepatitis A, hepatitis B, and tetanus booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for cholera, typhoid, or yellow fever, please check the box below and bring that information with you. If you were born after 1957, you will need a measles booster (total of 2 measles immunizations). Those born before 1957 are considered immune from measles. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

<input type="checkbox"/> I have been vaccinated for the following: <input type="checkbox"/> Cholera <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever	<input type="checkbox"/> I am choosing NOT to receive the recommended immunizations/injections.
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Childhood Record of Immunizations (basic):

	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria			
Tetanus			
Pertussis			
Polio			
Rubella			
Measles			
Mumps			

Adult Record of Immunizations (booster):

MM/DD/YY	MM/DD/YY	MM/DD/YY

Tuberculosis Control

Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.

	Date	Result	Examination Facility
Skin Test*			
Chest X-Ray			

**If your skin test is positive, you MUST have a chest X-ray.*

Date of last DT (Diphtheria/Tetanus) booster: Month _____ Day _____ Year _____
 (Must be within the last five years.)

Height: _____	Weight: _____	Overweight: _____
Blood Pressure: _____	Pulse: _____	Blood Type: _____

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses): R _____ L _____

Are there any abnormalities of the following systems? (please describe fully)

E.N.T. _____

Ophthalmological _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Recommendations for follow-up tests/treatment: _____

Additional Comments: _____

Date of applicant's first visit to your office: _____ Date of applicant's most recent visit: _____

Physician's Recommendation

(check one)

Acceptable without limitations

Acceptable with limitations (specify) _____

Should remain in areas where adequate medical care is provided (specify) _____

Not acceptable

Physician's Name (print): _____

Name of Clinic/Office: _____ Phone: _____

Address: _____

Physician's Signature: _____ Date: _____