

YOUTH WITH A MISSION NATIONS 2 NATIONS CAMPUS BANGKOK

GREETINGS IN THE NAME OF OUR LORD JESUS CHRIST!

Thank you for your interest in our YWAM BANGKOK DTS 2025.

The Discipleship Training School (DTS) is a full-time, residential training course that begins with an 11- or 12-week classroom phase, followed by an 8 to 12-week outreach period. The DTS imparts values that equip young people for life, enabling them to serve, build, care for, and connect with individuals and communities around the world. This program emphasizes cross-cultural exposure and global awareness, preparing students to respond to the call how to apply biblical truth practically and to fulfil the Great commission "Go into all the world and make disciples of all nations, baptizing them in the name of Father and of the Son, and of the Holy Spirit, teaching them to observe all things that I have commanded you; and lo, I am with you always, even to the end of the age." (Matthew 28: 18-20)

ENTRY REQUIREMENTS

- Ability to read, write, and speak in English.

- Applicants must be born-again, committed Christians with a desire to engage in evangelism and help others come to know Jesus personally. They must also agree to attend the full program without interruptions.

- Applicants must be willing to travel to villages for outreach and should be prepared for frequent travel.

- Applicants must be open to learning and participating in dramas, skits, choreography, and dances that will be used as tools for evangelism during the outreach portion.

PAYMENT OF FEES

- Category A Nations: \$2000
- Category B Nations: \$1500
- Category C Nations: \$1000

*Outreach fees will be announced in the middle of the lecture phase approximately 1000\$-2000\$ of fees will be required according to the location, air ticket and the expenses of those specific locations. If a student chooses not to go abroad, there will always be the option to conduct outreach within Bangkok or Thailand.

POLICY REGARDING EARLY TERMINATION

It is expected that once enrolled, students will complete the entire course. However, in cases of termination or early withdrawal from the program due to emergencies (e.g., death of relatives, serious illness, disciplinary reasons, etc.), any refund of school fees will be at the discretion of the DTS leaders.

TUITION RETURN POLICY

School tuition must be paid before or upon arrival; exceptions are made only by special written permission from the school leader. Application fee is nonrefundable. We hope that when the students arrive, they continue with the school until graduation. This return policy applies should a student, for whatever reason, decides to drop out early.

Before the first week of class	100%
During the first week of classes	85%
During the second week of classes	70%
During the third week of classes	55%
During the fourth week of classes	40%
During the fifth week of classes	25%
After the fifth week	0%

CLOTHING

We kindly ask all participants to wear attire that respects the culture and values of the location. Please choose dresses that are kneelength or longer. We advise against wearing tight, transparent, or torn clothing. As our bodies are temples of God, we trust that you will honour your body and show respect for one another.

APPLICATION FORMS AND ACCEPTANCE DATES

Application forms must be completed by the applicant to assess their level of English proficiency. They need to be filled out in detail and submitted in advance to ensure accommodation. All applications should be submitted at least three weeks before the start of school to allow staff to complete their planning. The earlier the application is submitted, the greater the chance of securing a place in the school.

CONFIDENTIAL REFERENCES:

Please provide a reference form to each of the following individuals: Pastor, Teacher, and Friend. They should fill it out and send it directly to the registrar/given mail id. It may be helpful to include a stamped envelope addressed to YWAM Bangkok if they are sending it via postal mail. If they prefer to send it via email, that is also acceptable.

PHOTO: Please attach two recent passport-sized photos of yourself. You can send both hard copy or soft copy to the given email or postal address.

ESSAY QUESTIONS FOR EVALUATION:

Please prayerfully answer the following questions on a separate sheet of paper or Word document or PDF (not on this application form):

- 1) Describe how you came to know Jesus and your current relationship with the Lord?
- 2) Describe your relationship with your local church, including areas of ministry, service, leadership experience, gifts, and abilities?
- 3) What is your pastor's opinion about you participating in this course?
- 4) What is your reason for wanting to take this course?
- 5) Describe your relationship with your family.
- 6) How does your family feel about your participation in YWAM?
- 7) What do you believe your long-term mission calling is?

MEDICAL REQUIREMENTS:

A medical fitness certificate from a recognized practitioner is required. (Form will be attached)

*The school staff will pray over the applications, and students will be informed as soon as possible regarding their acceptance and the availability of accommodation. Late applications may be placed on a waiting list until the final numbers are determined. Please read carefully before completing the application.

*Kindly complete the application form provided below, along with all reference forms, passport-sized photos, and the medical fitness certificate, and send them to the email address below. If you have any concerns or questions, please reach out via email or contact us.

*The school will provide basic living accommodations with regular meals; however, no special dietary meals can be accommodated. All accommodations are in shared rooms with shared bathrooms.

School Leaders: Manu Joseph & Pramodh George

WhatsApp only: +91 9496821633, +91 9037223808

Email: <u>n2nbangkok@gmail.com</u> Office: +668116825978

APPLICATION FORM N2N YWAM BANGKOK-DTS 2025

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
Preferred Name:		ATTACH RECENT PHOTO HERE
Address:		
Pin code:		
Telephone Number:		
Email Address:		
Date of Birth: (DD-MM-YYYY)	Age:	
Nationality:	Gender:	
Languages known: 1	2	3
School:		Year:
College: Subject:	University: Year:	
Marital Status:	Spouse Name:	
Will your spouse be accompanying you?	(Yes\ No)	



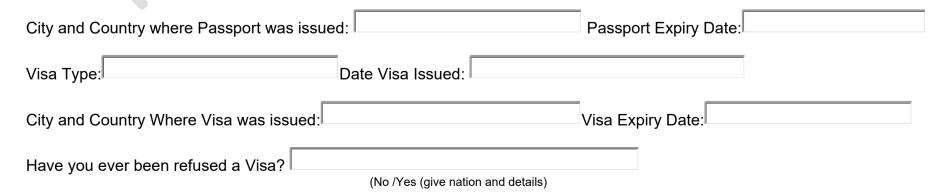


APPLICATION FORM -N2N DTS 2025

CONSENT FOR TREATMENT

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

Applicant's Signature:	Date: dd/mm/yr
Parent/guardian's signature: (required of applicant is under 18 years of age)	Date:
EMERGENCY INFORMATION	
Name of contact: Relations	nip:
Address with Pin code:	Phone:
Email address:	
HOME CHURCH INFORMATION	
Home Church Name:	Pastor's Name:
Address:	Denomination:
Phone: Email addr	ess:
Length of Attendance: (Years)	
PASSPORT/VISA INFORMATION	
Country of Citizenship:	Passport Number:
Name as listed on Passport:	



APPLICATION FORM -N2N DTS 2025

PERSONAL HISTORY (SECTION A)

Please answer all questions. Comment on all positive answers in the space below or on a separate sheet. Have you ever had, or do you have, any of the following?

CONDITIONS	YES	NO
Allergies		
Eye trouble		
Ear trouble		
Head injury		
Recurrent headache		
Epilepsy		
Fainting spells		
Mental illness		
Nervous disorders		
Paralysis/ Bone related disorder		
Sleeping difficulty		
Heart disorder		
Arthritis		
Breathing difficulties		
High /low Blood pressure		
Tumour/Cancer		
Hepatitis/Jaundice		
Surgery		
Intestinal troubles		
Hernia		
Diabetics		
FEMALES ONLY ANSWER	YES	NO
Irregular periods		
Severe cramps		
Excessive blood flow		
Pregnancy		
Hormonal issues		

Any other illnesses which have been not mentioned in the above box:

	(Yes/No. if Yes please specific the disorder)
Are you taking any medication at this time?	(
	s please specific the medicine name and prescription)
Are you allergic to any drugs?	No/ Yes (specify)
Do you have any physical impairments, handicaps, or he	alth conditions which will require special attention?
Would you rate your health condition as:	(Excellent Good Fair Poor)

COMMUNICABLE DISEASES (SECTION B)

Have you ever had any of the following?

DISEASES	YES	NO
Chicken Pox		
Measles (rubella)		
Measles (rubeola)		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Others(specify)		

FAMILY HISTORY (SECTION C)

Have your parents, siblings or relatives ever had any of the following?

DISEASES	YES	NO
Tuberculosis		
Diabetes		
Kidney Diseases		
Heart diseases		
Hypertension		
Arthritis		
Stomach Diseases		
Hay fever/Asthma Epilepsy/Convulsions		
Epilepsy/Convulsions		
Cancer		
HIV		

FINANCIAL INFORMATION

Do you have your complete school fees?	(No/ Yes)	
If no, from what source will they come?		
Do you have any outstanding debts?		No/ Yes (explain)

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school tuition fees must be made in prior to or upon my arrival, unless otherwise approved in writing by the School Leader. Further, I agree to meet in a timely manner, 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 I will abide by the leadership, rules and schedule of the school.

Applicant's Signature:	Date	<u>).</u>	
RELEASE OF LIABIL	ΙТΥ		
	damage or loss which may be sustaine	and volunteer assistants from any liabili d by said person(s) during the course of	
Applicant's signature:	Date:		
I certify that all inform	nation in this application is complete	and accurate.	
Applicant's Signature	ə:	Date:	

"TO KNOW GOD AND MAKE HIM KNOWN"

N2N YWAM BANGKOK