



University of the Nations
YWAM Muizenberg, Cape Town, South Africa
Intercession Department



Dear Prospective Student

Thank you very much for your interest in our **School of Intercessory Prayer with the emphasis on Worship and Spiritual Warfare** from **22 June – 2 October 2009**. You may have noticed the name of the school has changed (the SOIWSW was renamed SOIP in 2004), but the content is the same as the previous SOIWSW. The U of N faculty of Christian Ministries decided this change of name to make it more distinct to other schools.

Our hearts are to see people trained to know God and to know how to facilitate the leading of prayer, worship and ministry times strategically. The school will have regular prayer and worship times and a strategic mid-term outreach.

The SOIP has a very practical emphasis in the schedule and many opportunities to put teaching into practice and be involved in ongoing prayer projects. More details about required reading, academic assignments and practical information will be given upon acceptance.

As staff, we realize that we have limited time and energy in this lifetime therefore wish to be strategic in our training. One of our basic requirements for potential SOIP students is a heart for multiplication. We trust that you share the heart of Paul when he said, *“And the things that you have heard from me among many witnesses, commit these to faithful men who will be able to teach others also.”* (2 Tim 2:2).

We pray that God will give you clear guidance and confirmation as you consider participating in this school!

Feel free to ask any further questions you may have. We are looking forward to hearing from you again.

Sincerely

Gerhard and Melanie Weich
SOIP- School leaders



University of the Nations
YWAM Muizenberg, Cape Town, South Africa



Thank you for applying to the University of the Nations, *Muizenberg, Cape Town, South Africa*. Please ensure you apply early as this allows sufficient time to process your visa, if needed. The processing of your application will commence only once we have received all of the following:

- Two recent passport photographs (can also be emailed if you wish).
- Application Form – each individual must fill out their own application form completely (including children and nanny, if needed.) Incomplete applications will not be processed.
- ZAR 150 (rand) Application Fee – The application fee is **NON-REFUNDABLE**. This application fee as well as other fees can be paid into YWAM Bank account: **Standard Bank of South Africa, Blue Route Branch (code 025609). Cheque (Current) Account number 072 032 901, Swift (BIN) code: SBSZAJJJ**. Please note that we do not accept international cheques or currency.
- Reference Forms – Two separate reference forms must be filled. These reference forms are confidential and therefore must be sent directly to us by those who have filled them in. We suggest you provide a stamped addressed envelope to your referees. Please ensure these people know your application will be on hold until your completed reference forms are received.

Please be aware that once we have reviewed your application and have any doubt as to your English proficiency for study with the U of N, you will be required to take an English proficiency test such as TOEFL prior to acceptance.

Please mail or email all forms to:

Registrar, SOIP
U of N/Youth With A Mission
P.O. Box 129 Muizenberg 7950, Cape Town
South Africa

Phone: +27-21-7887322
Fax: +27-21-7881247
Email: i49g@hotmail.com
registrar@ywammuizenberg.org



UNIVERSITY OF THE NATIONS

Muizenberg, South Africa

STUDENT APPLICATION FORM

Attach a recent photograph

School Applying For _____

Starting date of school _____ Mo/Yr Date of Application _____ Mo/Yr

Personal Information

Legal Name _____
Family/Last First Middle Preferred Name

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

_____ State/Province Zip Postal Code Country

Phone Number _____ Cell Phone _____ Fax Number _____

Email Number _____ Sex: Male Female

Age ____ Date of Birth _____ Day/Mo/Yr Place of Birth _____
City Country

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

Spouse's Name _____
Family/Last First Middle Preferred Name

Age ____ Date of Birth _____ Day/Mo/Yr Place of Birth _____
City Country

Will your spouse be accompanying you? Yes No

Dependants Names of children accompanying you:

Last/Family	First name	Middle name	Age	Birth date (D/ M/ Y)	Sex (M/F)

Passport/Visa Information

Country of Citizenship _____ Passport Number _____

Name as listed on passport _____
Family/Last First Middle Preferred Name

Place of issue _____ Passport Expiry Date _____
Day/Mo/Yr

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



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 program? 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
	from	to
	from	to
	from	to
	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
	from	to
	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 Basic
 Fluent Conversational Basic

YWAM/U of N Background Information

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

School/Experience/Position	Location	Leader/s	Date



Health Form

Note: Medical Insurance is compulsory in South Africa for all students, so please ensure you possess valid insurance for the duration of your stay in Cape Town.

Do you have medical insurance? Yes (Please include a photocopy of your policy with these application forms.)
 No (If you do not have insurance we can obtain it for you at additional cost.)

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 _____	Depression _____
Epilepsy _____	High Blood Pressure _____	Chronic Fatigue _____
Mental/Nervous Disorders _____	Low Blood Pressure _____	Auto immune condition _____
Insomnia _____	Rheumatism/Arthritis _____	
Shortness of breath _____	Stomach Ulcer _____	

Any other illnesses or conditions we should know of? _____

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

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

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

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

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 not, from what source will they come? _____

Do you currently have any outstanding debts or financial obligations? 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 the 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 18 yrs old) _____

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

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

Please mail or email all forms to:
 Registrar, SOIP
 U of N/ Youth With A Mission
 P .o. Box 129 Muizenberg, Cape Town 7950
 South Africa

Phone: +27 21 7887322
Fax: +27 21 78871247
Email: i49g@hotmail.com OR
 registrar@ywammuizenberg.org
Web: www.ywammuizenberg.org



University of the Nations
YWAM Muizenberg, Cape Town, South Africa



SOIP Questions

Fill this form in **BOLD UNDERLINED LETTERS** or write your answers on a separate sheet of paper.

1. Personal Information and History

Describe briefly your conversion experience and present spiritual relationship with the Lord Jesus Christ.

What areas of your character are you presently seeking to further develop and improve?

What areas of ministry interest you most? For example, teaching, children's work, administrative, music and arts, hospitality, maintenance, mechanic, etc.

List any hobbies and artistic talents you have:

Have you ever been involved in: **Religious cults, Other religions, Occultism/Witchcraft, Use of drugs, Alcoholism, Smoking, Homosexuality?**

If so, are there any details that you feel free to share and that we should be aware of?

Have you had any eating disorders or mental illnesses?

Have you ever been convicted of any crime? **Yes** **No** Please give details

Please describe any leadership experience you have had.

How did you hear about this School? What reasons most influenced your decision to apply?

What expectations do you have for this course?

Are you considering further training with YWAM/ U of N? If so, please specify

2. Family

Father's Name:

Mother's Name:

Please indicate if one or both are deceased:

Father

Mother

Are your parents - separated: **Yes**

No

divorced:

Yes

No

Parents Church Affiliation/ Religion:

Please describe your family background and relationship with your family.

Do your parents approve of you attending this school? **Yes**

No If no, please explain

3. Christian Experience

Describe any mission/ministry experience outside of YWAM.

Which people and books have influenced you the most?

How do you see God's call on your life in the area of intercession and in general? Describe briefly your vision or desires, how you would see yourself 'flesh out' this calling.

Give a brief account of your previous involvement in intercession. Have you ever functioned in a leadership capacity in involving worship, intercession or spiritual warfare? Give brief details.

4. Church

What church involvement have you had? (List any responsibilities and the length of time involved).

If your minister or any of your church leaders oppose you applying for and attending this school can you say who and (from your perspective) why.

5. Please evaluate yourself in the following areas:

Leadership:

Adaptability to different social and cultural environments:

Ability to communicate:

How would you describe your gifts?

6. Miscellaneous

Can you foresee any events that would require your absence during this school? **Yes** **No**

If yes, please explain:

Is there anything else you should tell us that would be helpful for us to know?

Do you have any other questions or comments? (For example: are you a vegetarian)

7. Finances

At the present time I have _____ (amount) _____ (currency) towards the school fees.

List any financial obligations you have presently and how you expect to fulfill them.

Are you leaving a job to attend this school? **Yes** **No**

8. Reference forms information

We include 3 reference forms.

1. For **Pastors**
2. For **YWAM Leader/School leader**
3. To be filled in by **any referee (friend, family, etc)**

YOU NEED ONLY TWO REFEREES.

If you are currently in YWAM or have done your DTS or any other YWAM School within the last two years we require a reference form from your Pastor (1) and your current YWAM leader or last School/team leader (2).

If you are currently not in YWAM we require reference forms from your Pastor (1) and someone of your choice that knows you well.

Please complete the following information for the two referees you chose:

Referee One

Name:

Address:

Post code:

Country:

Telephone:

Referee Two

Name:

Address:

Post code:

Country:

Telephone:



University of the Nations
YWAM Muizenberg, Cape Town, South Africa



GENERAL REFERENCE FORM

Fill in your name and position applied for with signature and send it to a suitable referee with a stamped enveloped addressed to: Registrar, U of N/ Youth with a Mission, P.O. Box 129, Muizenberg, 7950, South Africa.

Name of Applicant _____ **School applying for** _____

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 the SCHOOL OF INTERCESSORY PRAYER from **22 June – 2 October 2009** at the YWAM Muizenberg campus in South Africa.

Youth With a Mission is a world-wide interdenominational missionary organization, which was founded in 1960 and provides opportunities for evangelistic service on a short term or long term basis. This training course is an opportunity to learn about Intercession, Worship and Spiritual Warfare, which undergirds every ministry in the Church as well as missions.

In order to make an intelligent evaluation of the applicant, the School Leadership would appreciate your supplying the information requested on this form. Your statement will help us to effectively meet the needs of the applicant should he/she be accepted.

Please complete by either checking the box or underlining the appropriate description.

How many years have you known the applicant?

Please give a brief statement of what you feel is a true evaluation of the applicant in the following areas:

Initiative:

Personal Appearance:

Health:

Emotional Stability:

Social Adaptability:

Moral Standards:

Cleanliness:

Concern for others:

Ability to Communicate:

Christian Service:

Leadership Ability:

Ability to Follow:

Involvement with Prayer:

Response to Pressure:

Flexibility:

Punctuality:

Financial Responsibility:

Do you know the applicant's family? **Yes** **No**
If so, please comment briefly on family and social background:

Has he/she prejudiced against groups, races or nationalities? **Yes** **No**

If so please explain:

The applicant's Christian experience is which of the following:

Mature Contagious Genuine and Growing Over Emotional Casual

Comments:

Please check the best description of the applicant:

MENTAL ABILITY:

Quick to comprehend Normal intelligence Below average

INDUSTRY:

Hard worker Works in spurts Does not work

RELIABILITY:

Meets obligations Sometimes reliable Neglects obligations

CO-OPERATION:

Works well with others Can get along with other people Has difficulties working with others

HUMILITY:

Takes advice willingly Takes advice sometimes Not open to advice

ATTITUDE:

Positive Fluctuating Negative

HABITS:

Disciplined Inconsistent Undisciplined

Do you have any other comments about the applicant that will assist us in our decision making?

Your relationship to the applicant: (Teacher, friend, employer)

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

Print name _____ Date _____

Signed _____ E-mail _____

Address _____

Tel: Work _____ Fax _____

Please mail or email all forms to: (Early receipt of this form is necessary before we can consider the applicant)

Registrar, SOIP
U of N/Youth With A Mission
P.O. Box 129 Muizenberg 7950, Cape Town
South Africa

Phone: +27-21-7887322
Fax: +27-21-7881247
Email: i49g@hotmail.com
registrar@ywammuizenberg.org



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PASTOR'S REFERENCE FORM

Fill in your name and position applied for with signature and send it to a suitable referee with a stamped enveloped addressed to: Registrar, U of N/ Youth with a Mission, P.O. Box 129, Muizenberg, 7950, South Africa.

Name of Applicant _____ **School applying for** _____

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 the SCHOOL OF INTERCESSORY PRAYER from **22 June – 2 October 2009** at the YWAM Muizenberg campus in South Africa.

Youth With a Mission is a world-wide interdenominational missionary organization, which was founded in 1960 and provides opportunities for evangelistic service on a short term or long term basis. This training course is an opportunity to learn about Intercession, Worship and Spiritual Warfare, which undergirds every ministry in the Church as well as missions.

In order to make an intelligent evaluation of the applicant, the School Leadership would appreciate your supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted.

Please complete by either checking the box or underlining the appropriate description.

I know the applicant: **very well** **quite well** **a little** **very little**

Please give a brief statement of what you feel is a true evaluation of the applicant in the following areas:

Initiative:

Personal Appearance:

Health:

Emotional Stability:

Social Adaptability:

Moral Standards:

Cleanliness:

Concern for others:

Ability to Communicate:

Christian Service:

Leadership Ability:

Ability to Follow:

Involvement with Prayer:

Response to Pressure:

Flexibility:

Punctuality:

Financial Responsibility:

Do you know the applicant's family? **Yes** **No**

Comment briefly on family and social background of applicant:

If he/she prejudiced against groups, races or nationalities? **Yes** **No**

If so please explain:

The applicant's Christian experience is which of the following:

Mature Contagious Genuine and Growing Over Emotional Casual

Comments:

Please check or underline the best description of the applicant:

MENTAL ABILITY:

Quick to comprehend Normal intelligence Below average

INDUSTRY:

Hard worker Works in spurts Does not work

RELIABILITY:

Meets obligations Sometimes reliable Neglects obligations

CO-OPERATION:

Works well with others Can get along with other people Has difficulties working with others

HUMILITY:

Takes advice willingly Takes advice sometimes Not open to advice

ATTITUDE:

Positive Fluctuating Negative

HABITS:

- Disciplined Inconsistent Undisciplined

How long has the applicant attended your church?

Is the applicant faithful in church/meeting attendance?

Has he/she been faithful in fulfilling any responsibilities in the church?

Has he/she shown initiative in being involved in outreach programs?

What has been the applicant's most valuable contribution to the church?

How does he/she co-operate when NOT IN A LEADERSHIP POSITION?

- Excellent** **Good** **Fair** **Poor** **No Observation**

Has the applicant ever been the source of dissension or disunity in the church? **Yes** **No**

If so, was it a one-time occurrence or is it a continuing pattern? Please explain.

Is the applicant the kind of person you would be happy to have your church consider supporting financially?

- Yes** **No**

If you have reservations about or opposed to his/her participation, would you please explain why?

According to your knowledge has the applicant shown any interest in intercession, worship or spiritual warfare in the past?

- Yes** **No** If Yes, please give your observation.

As a pastor, if you feel it is right for the applicant to do the course? Is there anything else, which would be helpful for us to know about the applicant?

I certify that all information on this reference form is accurate to the best of my knowledge and judgment:	
Print name _____	Date _____
Signed _____	E-mail _____
Address _____	
Tel: Work _____ Fax _____	
Please mail or email all forms to: (Early receipt of this form is necessary before we can consider the applicant)	
Registrar, SOIP U of N/Youth With A Mission P.O. Box 129 Muizenberg 7950, Cape Town South Africa	Phone: +27-21-7887322 Fax: +27-21-7881247 Email: i49g@hotmail.com registrar@ywammuizenberg.org



University of the Nations
YWAM Muizenberg, Cape Town, South Africa



YWAM LEADER'S REFERENCE FORM

Fill in your name and position applied for with signature and send it to a suitable referee with a stamped enveloped addressed to: Registrar, U of N/ Youth with a Mission, P.O. Box 129, Muizenberg, 7950, South Africa.

Name of Applicant _____ **School applying for** _____

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 the SCHOOL OF INTERCESSORY PRAYER from **22 June – 2 October 2009** at the YWAM Muizenberg campus in South Africa.

In order to make an intelligent evaluation of the applicant, the School Leadership would appreciate your supplying the information requested on this form. Your statements will help us to effectively meet the needs of the applicant should he/she be accepted.

Please complete by either checking the box or underlining the appropriate description.

How many years have you known the applicant?

Please give a brief statement of what you feel is a true evaluation of the applicant in the following areas:

Initiative:

Personal Appearance:

Health:

Emotional Stability:

Social Adaptability:

Moral Standards:

Cleanliness:

Concern for others:

Ability to Communicate:

Christian Service:

Leadership Ability:

Ability to Follow:

Involvement with Prayer:

Response to Pressure:

Flexibility:

Punctuality:

Financial Responsibility:

Do you know the applicant's family? **Yes** **No**

Comment briefly on family and social background of applicant:

Has he/she prejudiced against groups, races or nationalities? **Yes** **No**

If so please explain:

The applicant's Christian experience is which of the following:

Mature Contagious Genuine and Growing Over Emotional Casual

Comments:

Please check or underline the best description of the applicant:

MENTAL ABILITY:

Quick to comprehend Normal intelligence Below average

INDUSTRY:

Hard worker Works in spurts Does not work

RELIABILITY:

Meets obligations Sometimes reliable Neglects obligations

CO-OPERATION:

Works well with others Can get along with other people Has difficulties working with others

HUMILITY:

Takes advice willingly Takes advice sometimes Not open to advice

ATTITUDE:

Positive Fluctuating Negative

HABITS:

Disciplined Inconsistent Undisciplined

How long has the applicant been committed to your YWAM base?

Is the applicant faithful in meeting attendance?

Has he/she been faithful in fulfilling any responsibilities in the base?

Has she/he shown initiative in being involved in outreach programs?

What has been the applicant's most valuable contribution to the base?

How does he/she co-operate when NOT IN A LEADERSHIP POSITION?

Excellent Good Fair Poor No Observation

Give details of how you have seen him/her function in any leadership role.

Has the applicant ever been the source of dissension or disunity in the base? Yes No

If so, Please explain.

If you have reservations about or opposed to his/her participation, would you please explain why?

According to your knowledge has the applicant shown any interest in intercession, worship or spiritual warfare in the past?

Yes No If Yes, please give your observation

As a YWAM leader, if you feel it is right for the applicant to do the course, is there anything else, which would be helpful for us to know about the applicant?

Do you have any other comments about the applicant that will assist us in our decision making?

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

Print name _____ Date _____

Signed _____ E-mail _____

Address _____

Tel: Work _____ Fax _____

Please mail or email all forms to: (Early receipt of this form is necessary before we can consider the applicant)

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