

## **LTC NIGERIA 2008 APPLICATION FORM**

E-mail application to: Paul/Ann – Itcph@yahoo.com

...And please mail TWO current photos to: Ann Isesele, YWAM PH. P.O.Box 8639, Federal secretariate, Port Harcourt, Rivers State, Nigeria. 500001.

And a non-refundable application fee of USD \$15 (N1,900) per single/\$25 (N3,200) per couple to: Payable to "YWAM PH".

Date of application (Day/Month/Year):

Course applying for: LTC Nigeria

Dates: April 21 – May 30, 2008

Are you pursuing a UofN degree (check one)?            No;            Yes

**LAST (FAMILY) NAME:**

**FIRST NAME:**

**BIRTH DATE** (Day/Write month/Year):

**AGE:**

**BIRTHPLACE:**

**SEX:**

**CURRENT ADDRESS UNTIL** (Day/Write month/Year):

Street address or P.O.:

City:

Country:

Phone:

FAX number:

E-mail number:

**PERMANENT ADDRESS:**

Street/P.O.:

City:

Country:

Phone:

FAX number:

**PASSPORT INFORMATION**

Country of citizenship:

Name as listed on passport:

City and country where passport issued:

Passport number:

Expiration (Day/Write month/Year):

**MARITAL STATUS (check one)**

Single

Engaged: date to wed:

Married: date of wedding

Divorced: date of divorce:

Remarried: date of remarriage:

Widowed: date widowed:

**SPOUSE'S last (family) name:**

Spouse's first name(s):

Birthdate (Day/Write month/Year):

Age:

Birthplace:

Passport country & number:

Passport expiration (Day/Write month/Year):

Will your spouse be attending the LTC as a student?

**DEPENDENTS:**

Names of children accompanying you (if you plan to bring a nanny or tutor, place his/her name here and so note):

**Repeat the information below for each child** or nanny/tutor.

Last/family:

First name(s):

Birthdate (Day/Month/Year):

Sex:

Do any of your children have physical problems or learning disabilities which could require special assistance? If so, please explain:

**HOME CHURCH:**

Denomination :

Pastor's name:

Address:

Phone:

**LANGUAGES:**

Please identify languages you speak and indicate your proficiency level:

1 - elementary

2 - limited

3 - minimum professional use

4 - full professional use

5 - native speaking ability

6 - mother tongue

Your English proficiency:  
Your French proficiency:  
Your Portuguese proficiency:  
Other languages and proficiency:

### **SKILLS**

Occupational skills and years of experience:

Musical ability or other talents:

### **FINANCIAL INFORMATION**

Do you have your complete LTC fees? (Check one)  Yes;  No

If no, how much money for fees will you have upon arrival?

From what source will the remainder come?

Do you have the finances for your round trip travel to and from Port Harcourt, Nigeria?

Do you have any outstanding debts? (If so, please explain):

### **EMERGENCY CONTACT**

In case of emergency, contact:

Relationship of individual to applicant:

Address:

Phone:

### **PARTICIPANT'S EMERGENCY MEDICAL INFORMATION**

Height:

Weight:

Blood type (O, A, B, AB / positive or negative):

Would you rate your health condition as (check one):  Excellent,  
 Good,  Fair,  Poor

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

Are you presently taking any medication? (Specify)

Females: are you pregnant?  No,  Yes, due date:

Are you at present under a doctor's care for any condition? (Specify)

Do you have any physical impairments, handicaps or health conditions which may require special attention?  No,  Yes. If yes, please specify:

### **CONSENT FOR TREATMENT**

In case of emergency I 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:

### **RELEASE OF LIABILITY**

I do hereby release University of the Nations and Youth With A Mission, Inc., its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or my family during the course of involvement with University of the Nations/Youth With A Mission.

Signature:

Date:

### **BACKGROUND INFORMATION**

1. Why do you want to attend the LTC—direction from God, desires and expectations? Is there a specific reason for applying to attend the LTC in Nigeria (versus some other location)?

2. When and where did you complete your YWAM/UofN Discipleship Training School?

Lecture phase dates:

Location:

Outreach phase dates:

Location (s):

3. Please list all of the University of the Nations courses you have completed--Course name, Location and Date:

4. Have you had previous leadership training in YWAM/UofN or professionally? If yes, please specify:

5. What are your past leadership responsibilities with YWAM/UofN (Position, Location and Dates):

6. What is your present responsibility with YWAM/UofN?

7. What is your long-term commitment to YWAM/UofN internationally?

(check one)

1-2 years,      3-5 years,      career

To the current YWAM base where you are serving?

1-2 years,      3-5 years,      career

8. What areas (locations and/or types of ministry) do you feel called to?

9. The Leader's Reference should be given to the YWAM/UofN leader to whom you directly relate:

Name:

YWAM/UofN function/responsibility:

Address:

Phone:

FAX:

E-mail: