

**Relief and Development Services Tanzania- Morogoro Centre**  
**P.O. Box 6123 \* Morogoro \* TANZANIA \* East Africa**

**English Foundations Course (EFC II)**

English Foundations Two at Youth A Mission (YWAM – WAIWAM) is a course that will help you write and speak in English in a short time. If you want to be able to talk to a native English speaker this course will help you. This course will help you to continue to learn and expand your English language. You must commit and study hard in this school because learning a language is hard, especially English. You must remember that all things are possible with God, this important in the challenging times! This school is for three months (12 weeks).

**Lecture Phase:** Every day we have there are sessions in the class and also some practical serving in the centre. You must only speak English!

**Date of the school:** \_\_\_\_\_

**School Fees:** Each student must pay all of their school. School fees 600,00TSH, School T Shirt 12,000TSH, Form (non refundable) 10,000 TSH

**Food and Accommodation:** At this time we have average dorms for our student accommodation. Our food is Tanzanian and normal average food. Students are not permitted to sleep out of the centre during the school.

**WELCOME TO YWAM MOROGORO!!**

**IMPORTANT:** Once you have returned all parts of your form, we will inform you if you have been accepted as a student or not. So please return your form as soon as possible and do not be disturbed if you do not hear from us straight away.

Please remember to return your form with all its parts.

**Please write in English 1. Why you want to do this School and how will this school help you in the future. 2. Your future goals 3. Your English knowledge in Speaking, Hearing, Reading and Writing Tsh. 10,000 for registration (non-refundable) 5. Two passport size photos. 6. The report showing your HIV status must have an official stamp or signature from the clinic and Docotr.**

**Please fill this form and return it to us soon by** \_\_\_\_\_

\*HEALTH FORM: Must be filled by a Doctor

**YWAM STATEMENT OF PURPOSE:**

Youth With A Mission (YWAM) is an international and interdenominational faith movement of Christians committed to presenting Jesus Christ personally to the world in this generation, to train and equip believers in the body of Christ in their part in fulfilling the Great Commission as commanded by our Master, to present the Gospel to the whole man throughout the world. We believe in the unity of the body of Christ and endeavour to serve the Church in whichever way possible.

We in Youth With A Mission believe that the Bible is God's inspired and authoritative word revealing that Jesus is the Son of God.

We believe that Jesus is the only way to relationship with God.

We believe in presenting the Gospel in the power of the Holy Spirit.

We believe that Jesus is coming again and that all must have the opportunity to hear the Gospel.

We believe as a Christian who has a relationship with Christ, you have a place in fulfilling

The Great Commission and that God is counting on you as He has commanded:

“Go into all the world and preach the Gospel to every creature.” Mark 16:15 KJV and

“Go and make disciples of all Nations teaching them to obey everything I have commanded you, and surely I am with you to the end of the age.”

Matthew 28:18, 20 NIV

**ENGLISH FOUNDATIONS COURSE II / SHULE YA MSINGI YA KIINGEREZA II (EFC 2)**

**APPLICATION FORM / FOMU YA MAOMBI**

Name / Jina \_\_\_\_\_  
(Last name / Jina la mwisho) (First name / Jina la kwanza) (Middle name / La kati)

Address / Anwani \_\_\_\_\_

Telephone numbers / Nambari za simu \_\_\_\_\_

Email address / Anwani ya barua pepe \_\_\_\_\_ FAX \_\_\_\_\_

Date of Birth / Tarehe ya siku ya kuzaliwa \_\_\_\_\_  
(Year / Month / Day) (Mwaka / Mwezi / Siku)

Please check the appropriate box below / Tia alama kwenye boxi chini inayostahili:

- Single / Bado                                       Engaged / Uchumba                                       Divorced / Kuachwa
- Widowed / Mjane / Fiwa                                       Separated / Kutengana                                       Married / Kuoja / Kuolewa

Name of Spouse / Jina la mumeo au mkeo: \_\_\_\_\_

Number of children / Idadi ya watoto: \_\_\_\_\_

Full names, ages and birthdays of children / Majina kamili, umri na tarehe ya kuzaliwa za watoto:

Name / Jina	Age / Umri	Date of birth / Tarehe ya kuzaliwa
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religion/Dini yako \_\_\_\_\_

If you are a Christian for how long have you been a committed Christian?/Ikiwa umkristo, Je umekuwa mwokovu kwa mda gain? \_\_\_\_\_

Name of your fellowship or church/ Jina la Kanisa au Ushirika wako:\_\_\_\_\_

Pastor's Name/Jina la Mchungaji wako:\_\_\_\_\_

How long has he known you? / Mumejuana kwa mda gain? \_\_\_\_\_

Spiritual Leader's name (if different from Pastor) Jina la kiongozi wako wa kiroho (Ikiwa ni tofauti na mchungaji wako): \_\_\_\_\_

Address/ Anwani yake:\_\_\_\_\_

Telephone/Nambari yake ya simu: \_\_\_\_\_

How long has he known you? / Umejuana kwa mda gain? \_\_\_\_\_

Please describe your educational background and the level / Eleza elimu yako na darasa ulilofika:

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What are you doing now / Unafanya nini sasa?

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In case of emergency notify / Wakati wa hali ya hatari ajulishwe nani?

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Name / Jina	Relationship / Uhusiano	Telephone number
/ Nambari ya simu		
Address / Anwani		

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Please note any languages spoken and proficiency / Tafadhali tueleze lugha gani unazoweza kuongea na uwezo wako.

Swahili / Kiswahili

\_\_\_\_\_

English / Kiingereza

\_\_\_\_\_

Korean / Kikorea

\_\_\_\_\_

French / Kifaransa

\_\_\_\_\_

Other / Na Nyinginezo

\_\_\_\_\_

Please note your technical skills and briefly describe your past experience/ Taja ujuzi wote wa kiufundi ulionao

Carpentry / Seremala

Building / Ujenzi

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Plumbing / Fundi bomba                  | <input type="checkbox"/> Administrative / Utawala-ofisi | <input type="checkbox"/> Sewing / Kushona          |
| <input type="checkbox"/> Electronic / Fundi umeme                | <input type="checkbox"/> Secretarial / Karani           | <input type="checkbox"/> Doctor / Daktari          |
| <input type="checkbox"/> Painter / Fundi rangi                   | <input type="checkbox"/> Accounting / Mahesabu          | <input type="checkbox"/> Dentist / Daktari wa meno |
| <input type="checkbox"/> Mechanic / Mekanika                     | <input type="checkbox"/> Typing / Kuchapa               | <input type="checkbox"/> Nurse / Muuguzi           |
| <input type="checkbox"/> Driver / Dereva                         | <input type="checkbox"/> Computer / Komputa             | <input type="checkbox"/> Farming / Kilimo          |
| <input type="checkbox"/> Any other - Specify / Nyinginezo - Taja | <input type="checkbox"/> Cooking / Kupika               |  |
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### **CONDITIONS OF ACCEPTANCE / MATEGEMEO YA HALI YA KIUGUZI**

Hii nikumaanisha kuwa huduma ya YWAM, Tanzania haihusiki na hali yangu yo yote ya kifedha, ikiwa kutatokea madhara yo yote, iwe ni hali ya maradhi ama ajali wakati wa kipindi changu cha mafunzo, ama pia wakati wa kufanya kazi na shirika hili.

YWAM, Tanzania is not responsible for my financial well-being or to assist me financially in any way, should I be harmed injured or become ill during the course of my studies whether accidental or otherwise; or at any such time as I might be employed by Youth With A Mission.

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Signature of applicant / Sahihi ya mtuma maombi

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Date / Tarehe

## CONFIDENTIAL HEALTH FORM

TO THE APPLICANT: This information is treated as confidential. Please print of type answers to all questions. As certain medical conditions preclude acceptance please complete the whole form. PART B must be completed by your physician. Less inclusive medicals done for YWAM bases are no acceptable.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

(Last)

(First)

(Middle)

Permanent Address (Street / PO Box): \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address of nearest relative (Street / PO Box): \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone number \_\_\_\_\_

**PART A (Personal History):** Please answer all of the questions and take both Part A and Part B to your doctor. Comment on all positive answers in the space below or on a separate sheet of paper. Have you ever had, or do you currently have any of the following?

	NO	YES		NO	YES		NO	YES
Skin conditions			High blood pressure			Jaundice		
Eye trouble			Low blood pressure			Hepatitis		
Ear trouble			Allergic reaction to:			Intestinal trouble		
Head injury			Penicillin			Recurrent diarrhoea		
Recurrent epilepsy			Sulphonamides			Diabetes		
Epilepsy			Serum			Kidney disease		
Fainting spells			Foods - Specify			Anaemia		
Nervous disorders			Heart trouble			STD / Venereal disease		
Weakness			Rheumatism / arthritis			Tumour / Cancer		
Paralysis			Back problems			FEMALE ONLY:		
Insomnia			Dislocation of joints			Irregular periods		
Shortness of breath			Broken bones			Severe cramps		
Hay fever			Stomach/duodenal ulcer			Excessive flow		
Asthma			Gall bladder problems			Are you pregnant?		
						Previous pregnancies		

**PART B:**

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 you feel merit follow-up. As certain conditions such as severe diabetes, epilepsy, heart disease and severe obesity preclude from acceptance, please ensure that these have been excluded.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Overweight  Blood pressure \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Group \_\_\_\_\_ Rh Factor \_\_\_\_\_

E.C.G. (If over 40) \_\_\_\_\_

Visual Acuity R \_\_\_\_\_ L \_\_\_\_\_ Without glasses  
 R \_\_\_\_\_ L \_\_\_\_\_ with glasses or contacts

Colour Perception \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis \_\_\_\_\_ last Pap Smear (not compulsory) \_\_\_\_\_

Are there any abnormalities of the following systems? Please describe fully.

	NO	YES	PLEASE DESCRIBE
E.N.T.			
OPHTHAMOLOGICAL			
TEETH			
NEUROLOGICAL			
CARDIOVASCULAR			
RESPIRATORY			
MUSKULOSKELETAL			
ENDOCRINE			
LYMPHATIC			
HERNIA ORIFICES			
GYNAECOLOGICAL			
UROLOGICAL			
PSYCHIATRIC			

Recommendations for follow-up test/treatment: \_\_\_\_\_

Additional comments: \_\_\_\_\_

PHYSICIAN'S RECOMMENDATION: PHYSICIAN'S NAME: (print) \_\_\_\_\_

Acceptable without limitations ADDRESS: \_\_\_\_\_

Acceptable with limitations (specify) \_\_\_\_\_

Not Acceptable: should remain in areas where adequate medical care is provided.

\_\_\_\_\_  
 Physician's signature Date

**NOTE:** Tunaomba upime afya yako kuhusu HIV na utakaporudisha fomu, utume majibu haya pia (itasaidia maana tunaishi katika jamii).

**SURGERIES PERFORMED**

DATE	TYPE OF SURGERY	OUTCOME & LONG TERM EFFECTS

**X-RAYS PERFORMED**

DATE	TYPE OF X-RAY	RESULT

Are you at present under a doctor's care for any condition?  NO  YES—Specify \_\_\_\_\_

Please arrange to bring along all necessary long-term medications with you as continuing supplies may not be available. Do you know or have you ever received any worker's compensation or disability from any sources?

NO  YES—Specify \_\_\_\_\_

Have you ever had any of the following COMMUNICABLE DISEASES?

	NO	YES			NO	YES
Chicken Pox			Pertussis	Mumps		
Measles(Rubella)			Scarlet Fever	Other-specify		
Measles (Rubeola)			Tuberculosis			

**IMMUNISATION RECORD**

IMMUNISATION	DATE	IMMUNISATION	DATE
DPT/DT*			

Tetanus Booster is required if not done in the last five years.

**FAMILY HISTORY**

Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma/Hay fever			
Epilepsy/Convulsions			



**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(dd/mm/yy): \_\_\_\_\_

Signature of Parent or Guardian is required, if applicant is under 18 years of age:

Signature: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE (dd/mm/yy): \_\_\_\_\_

**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/yy): \_\_\_\_\_

Signature of Parent or Guardian is required, if applicant is under 18 years of age:

Signature: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE (dd/mm/yy): \_\_\_\_\_

**CONSENT FOR BURIAL**

In case of death while serving in the mission field, I/We hereby agree to release YOUTH WITH A MISSION from all financial obligations and permit them to bury my body in the country in which I am serving.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE (dd/mm/yy): \_\_\_\_\_

Signature of Parent or Guardian is required, if applicant is under 18 years of age:

Signature: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE(dd/mm/yy): \_\_\_\_\_

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I/We prefer that my body be sent home and my family will incur all costs.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE(dd/mm/yy): \_\_\_\_\_

Signature of Parent or Guardian is required, if applicant is under 18 years of age:

Signature: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DATE(dd/mm/yy): \_\_\_\_\_  
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