



12 Edward Philcox st
Hospital Park
6850
Worcester, RSA
Cell: 082 3473021
Email: southrootsint@gmail.com
NPC 2016/122102/08

PROCEDURE FOR APPLICATION

Please read below **before** you begin filling out your forms

Thank you for applying to participate in the **Principles of Redeeming Cultures School** with South Roots International. May you know God's grace as you seek His direction for your life. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space.

Husbands and wives enrolling as students must complete separate applications.

1. Application fee. A nonrefundable Application fee of R200 for South African residents (US\$20) single applicants outside South Africa) is to be paid into the SRI bank account or latest on arrival at the school. School fees are to be paid into the following account

Bank Name: First National Bank
Account Name: South Roots International
Account Number: 62629085798
Branch Code:200407

2. Application form / Health form / Physicians Evaluation. These forms must be completed by you / your doctor for any initial school you wish to do in YWAM
3. Life questions. Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.
4. Financial agreement. Please read carefully, complete and sign the Financial Policy and Indemnity form. Please note that signing this form commits you to payment of the fees as set out in the Financial Policy.
5. Reference forms. On each of the three Confidential Reference Forms fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor. **As these forms are confidential, please ask them to complete the form and post it DIRECTLY to South Roots International.** We must receive at least 2 of the reference forms (pastor's form must be one) BEFORE we can process your application.
6. Photographs. Please submit two recent passport-size photographs with your application.

IMPORTANT!

All students are encouraged to apply early, generally about 2 months prior to the start of the school for South African students. For non-South African students at least 3 months prior to the start of the school, as applying for a study permit can take a long time. Additionally, you will be required to deposit 50% of your total school fees into our account prior to coming. (Please see category payment)

Please send all forms or address inquiries to:

South Roots International Registrar
12 Edward Philcox st
Hospital Park
6850
RSA

Or

Email: southrootsint@gmail.com



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NB: All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course.

STUDENT APPLICATION FORM

School being applied for: _____

Starting date: _____

PERSONAL INFORMATION

Mr/Mrs/Miss _____

Surname First name Middle name Preferred name

Address: _____

_____ Postal Code: _____ Valid until: _____

Phone: _____ Fax: _____

E-Mail: _____

Future address: _____

_____ Postal Code: _____

Valid until: _____ Phone: _____

Fax: _____ E-Mail: _____

Date of Birth: ___/___/___ Age: ___ Birthplace: _____ Sex: ___Male
___Female

MARITAL STATUS

___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed

Please take note that married couples **MUST** be accompanied by their spouse and children.

Spouse's name: _____ Date of Birth: ___/___/___

Age: ___ Is your spouse accompanying you? _____

DEPENDENTS

Names of children and dependants: (**Please note** your spouse and children are required to accompany you)

Surname First name Birth date Sex



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EMERGENCY INFORMATION

In case of an emergency, contact: _____

Relationship: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Home Church: _____

Denomination: _____

Pastor's name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

STUDENT EMERGENCY INFORMATION

Height: _____ Weight: _____ Kg Blood type: _____ (O, A, B, AB:Rh Positive or Negative)

Are you allergic to any drugs? No Yes

Specify: _____

CONSENT FOR TREATMENT

In the case of an 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: _____

Signature: _____ Date: _____

Relationship: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age

PASSPORT INFORMATION

Country of citizenship: _____

Passport No. _____

Name as listed on passport: _____

City & country where passport issued: _____

Date passport issued: _____ Expiry date: _____

NB: If your spouse is accompanying you, and not also applying for an YWAM school please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.



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LANGUAGES

Please identify and indicate your proficiency in the languages that you speak

1	Elementary speaking	4	full professional proficiency
2	Limited word proficiency	5	native speaking proficiency
3	Minimum professional proficiency	6	mother tongue

English proficiency _____

Other languages and proficiency _____

EDUCATIONAL INFORMATION

___ I have not completed high/secondary school.

___ I have completed 12 years of primary & secondary school

___ Highest school leaving certificate or diploma obtained (or grade level completed)
 _____.

High/Secondary School/Post High School

Name of institution: _____

Location: _____

Period of attendance: _____

Date of graduation: _____

Standard/Diploma/Degree attained: _____

SKILLS

Occupation: _____

Years of experience: _____

Other skills/talents: _____



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FINANCIAL POLICY

South Roots International is an international, nonprofit, faith ministry and is not underwritten by any group, church or denomination. The costs are met by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All South African residents and citizens applying from within the Country shall pay R200.00.
2. All applicants applying from abroad shall pay \$US20 each, and \$US35 for couples.

COSTS OF SCHOOL PER PERSON

Food, lodging, and tuition costs for the seminar are as follows (based on the Per Capita Income of the nation in which the student has citizenship): -

- **South Africans: R10 990**
- **Zone 3** First World Nations, e.g. the North American, European Union, and Australasian (including Japan) nations will pay **R19 950** Nineteen Thousand Nine Hundred and fifty Rand.
- **Zone 2:** Second World nations, e.g. the G 22 group (including Nigeria, Russia, Malaysia, Brazil, Korea etc.) will pay **R15400** Fifteen Thousand Four hundred.
- **Zone 1:** Nations from Africa – **R12 600**

* Spouse not attending a school	R7950.00
* Children under two years	FREE
* Children 2-6 years	R 625.00
* Children 7- 17 years	R5750.00
* Youth over 17 years	R7950.00
* Airport collection fee (if required)	R800.00
* Nanny attending the children	R7950

* Outreach fees: Included in the school fees.

PAYMENT PLANS

- A. Normal plan: 50% deposit prior to coming with the remaining 50% payable on the day of registration.
- B. Deferred plan: 50% deposit prior to coming with the remaining 50% payable four weeks later.

LATE PAYMENTS

No late payments are allowed for students doing their very first school with South Roots International. No student will be allowed to stay beyond the 3rd week if no payment is received. Late payments may be allowed in instances other than the first if prearranged with the School Leader.

Late payments may be subject to a 10% penalty.

METHOD OF PAYMENT

Due to the volatility of our Rand against most other major currencies, we work only in our local currency. We are however in a position to take any foreign currency and bank this and credit you with its value on the day we do the transaction. The Rand equivalent of the US Dollar is currently between R10 and R15 to the Dollar.



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SCHOLARSHIPS

Our prices are among the lowest, separate applications must be made for further scholarship. Since South Roots International is interdenominational, multilingual, and multiracial organization, the fee schedule takes all of the above factors into consideration in order to make university level education accessible to applicants meeting the requirements for admission. We view the higher fees paid by students from more advantaged communities as their contribution to the process of empowering others who are less fortunate. Such generosity is always a welcome return to our founding values. Further more, we deeply appreciate the participation of students who feel the way we do about helping the needy.

NB: Should a student not complete a school the international refund policy on page 29 of the University of the Nations catalogue, 2002-2004 will be applied to the student's refund claim.

COSTS FOR OUTREACHES:

These costs are inclusive of the total.

Please Note: All prices are subject to change

FINANCE AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form

FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

1. Do you have any outstanding debt? NO YES If yes,
 - a. How much does it total?
 - b. How and by when will it be repaid?
2. Do you have sufficient finance to pay for your training? YES NO

If no, how do you intend raising it?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of South Roots International. I/We understand that the payment of the required school fees must be made as set out on Page 5 under 'Payment Plans'. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with South Roots International.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age

INDEMNITY

I/We do hereby agree that I will not hold South Roots International, Island Breeze or Youth With A Mission, its staff, agents and volunteer assistants responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with South Roots International, Island Breeze or Youth With A Mission.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent/Guardian required if applicant is less than 18 years of age



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LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper. When answering the Life Questions, and specifically the questions on your spiritual life, please answer as openly and fully as possible. This will help us to assess your application better.

A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. Why have you applied for this school? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE

1. Of which church are you presently a member? Please give name, address, telephone & fax number & E-Mail address (if applicable) of both the church and the minister/pastor.
2. If you have been a member for less than two years, please give the details above of the church to which you used to belong.
3. Does your minister/pastor / YWAM leader approve of you joining YWAM / doing this school? Will your church be willing to send you out as their missionary? Will your church be willing to support you financially? If the answer is no to any of these questions, please state the reason.

C. PERSONAL LIFE

1. If you are not of age (under 21), do your parents approve of you joining YWAM?
2. Were you raised by both your parents? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. Have you ever been involved in: (Please answer each one separately)
A. drug abuse B. alcohol abuse C. occult practice D. Sexual immorality?
E. Do you smoke? If YES, please give details, stating your present position.
6. What are your interests and hobbies?

D. MEDICAL LIFE

1. Do you have any physical disabilities? If YES, please give details.
2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including manic-depression? If YES, please give details and what your present situation is.
4. Do you have any learning difficulties? If YES, please give details.

E. OTHER

1. List the names, addresses, telephone & fax numbers and E-Mail address (If applicable) of the three people you have handed the confidential reference forms to.
2. List your abilities and talents (music, carpentry, sewing, first aid, etc.)
7. Is there anything else that you would like to tell us about that would help us to know you better?
(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I declare this information to be true: (please sign) _____



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YWAM BACKGROUND INFORMATION

SCHOOLS

1. Have you previously attended a YWAM school(s)? Yes No

If Yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

School Dates Location

(Please arrange for your most recent school leader to send a Reference Form to the Registrar's office)

DEGREE

Are you pursuing a U of N degree? Yes No

U of N College: _____

STAFF

Have you ever been on YWAM / South Roots International / Island Breeze staff? Yes No

If Yes, please list below:

Work position Location Dates Supervisor

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the South Roots International / Island Breeze / YWAM leadership and co-operate with them at all times.

I declare that the contents of this application form and the additional answers to the Life Questions are correct.

Signed: _____ Date: _____



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CONFIDENTIAL HEALTH FORM

Name: _____

School: _____

PERSONAL HISTORY (TO BE FILLED IN BY PROSPECTIVE STUDENT ONLY)

Please answer ALL questions. Explain any `YES' answers in the space below or on a separate sheet of paper.

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

Skin conditions	Shortness of breath	Stomach/Duodenal Ulcer	Eye trouble
Hay Fever/Asthma	Gall bladder problems	Ear trouble	Heart trouble
Jaundice	Head injury	High blood pressure	Hepatitis
Recurrent headache	Low blood pressure	Intestine troubles	Epilepsy
Rheumatism/Arthritis	Recurrent diarrhoea	Fainting spells	Back problems
Diabetes	Kidney Disease	Dislocation of joints	Mental/Nervous Disorders
Weakness	Broken bones	Anaemia	Paralysis
Eating disorders	Venereal disease	Insomnia	Anorexia Nervosa
Tumour	Cancer	Allergy	Bulimia

FEMALES ONLY

Penicillin	Surgery	Irregular Periods	Sulphonamides
Appendectomy	Severe cramps	Serum	Hernia repair
Excessive flow	Other - specify	Tonsillectomy	Are you pregnant?
Food - specify	other - specify	previous pregnancies	

Have you ever had any of the following COMMUNICABLE DISEASES?

Chickenpox	Whooping Cough	German Measles (Rubella)	Scarlet Fever
Measles (Rubela)	Tuberculosis	Mumps	Other -Specify: _____

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

Are you now under doctor's care for any condition? NO YES

Specify _____

Are you taking any medication at this time? NO YES

Specify: _____



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Do you have any physical handicaps or health conditions which require special attention?

NO YES

Specify:

Do you have a history of emotional instability or psychiatric treatment?

NO YES

Specify:

Height: _____ Weight: _____ Blood Type: _____

Do you wear glasses or contact lenses? NO YES

How would you rate your health condition?

Excellent Good Fair Poor

Do you now have or have you ever received any compensation for disability from any sources?

NO YES

Specify:

FAMILY HISTORY

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

RELATIONSHIP

Tuberculosis _____ Arthritis _____

Diabetes _____ Stomach Disease _____

Kidney Disease _____ Asthma/Hay Fever _____

Heart Disease _____ Convulsions/Epilepsy _____

Hypertension _____ Cancer _____

Is there anything that you think we should be aware of? _____

IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

SOUTH ROOTS INTERNATIONAL / ISLAND BREEZE / YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

SOUTH ROOTS INTERNATIONAL / ISLAND BREEZE / YOUTH WITH A MISSION advises each prospective student to consider the following IMMUNIZATIONS BEFORE coming to the school.

Injectable or oral Polio vaccine

Tetanus toxoid injection if last injection was 5 years ago

Typhoid vaccine

Hepatitis A vaccine x 2 injections. The second injection comes six months to a year after the first.

Hepatitis B vaccine x 3 injections

Meningitis vaccine

MALARIA (You will not need malaria prophylaxis during your time in the Western Cape or the Kalahari).



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PHYSICIAN'S EVALUATION (to be completed by your Doctor)

Name of Applicant: _____

School: _____

TO THE PHYSICIAN:

The above-named person has applied for service with SOUTHROOTS INTERNATIONAL / YOUTH WITH A MISSION.

This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure _____ Pulse _____

CG (Over 40) _____

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

Ears/Nose/Throat _____

Eyes _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Gynaecological _____

Urological _____

Psychiatric _____

Would he/she be able to walk 5 - 10 kilometres per day? ___ YES ___ NO

Additional _____ comments:

PHYSICIAN'S RECOMMENDATION:

Acceptable without limitations

Acceptable with limitations - Specify: _____

Not acceptable (Should remain where adequate medical care is available).

Physician's name: (Print) _____ Physician's signature:

Address: _____

Phone: _____ Date: _____



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CONFIDENTIAL REFERENCE FORM

Give this form to your employer/Head teacher, a mature Christian friend and a representative from your church. You will need to photocopy the form...

Name of applicant: _____

School: _____

Starting Date: _____

The above named applicant has applied for admission to the above-named YWAM school with South Roots International. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the programme applied for.

1. How long have you known the applicant? _____

2. In what capacity? _____

CHURCH: Pastor Home group leader Other _____

BUSINESS: Employer, Supervisor, Co-worker, Subordinate

SCHOOL: Principal, Teacher, Other _____

SOCIAL: Family friend, Personal friend, Other _____

YWAM: School leader, Flock group leader, Other _____

3. Do you recommend the applicant as a student for the Principles of Redeeming Cultures School? If your answer is no, please elaborate.

4. Is there anything you feel the school should know about this applicant, which might influence the safety or security of other students and staff, or which might give the staff better insight? *Please write on a separate page.*

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

Name: _____

Address: _____

_____ Cell phone: _____

E-Mail: _____

Signed: _____ Date: _____
