



House of Prayer Port Moresby

A ministry of Youth With A Mission (YWAM) P.O.Box 2631 Vision City, N.C.D.

Papua New Guinea. **Location:** ICARE4U Property Gereka Central Province

Email: hoppomdts@gmail.com Phone: 7161 6593



YOUTH WITH A MISSION

DISCIPLESHIP TRAINING SCHOOL APPLICATION FORM

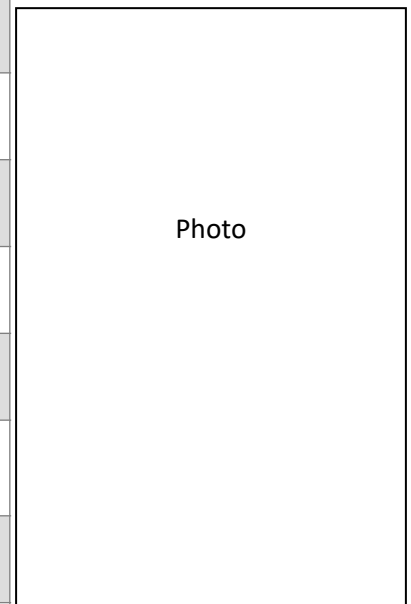
Requirements for DTS application:

- **Complete application form** with photograph (a recent passport-type picture)
- **Two Confidential Reference Form** compiled by a spiritual authority figure in your life (pastor, youth leader, mentor) and one from a friend (someone that knows you closely for at least 2 years)
- **Passport** (Make sure by the beginning of the school your passport is ready)
- **Medical check up and test** for blood type, STDs and TB including a medical report
- **Police clearance**

We will start processing your application, as soon as your application is complete and submitted with a non-refundable **registration fee of PGK 150.**

1. PERSONAL INFORMATION

Last Name	
First/ Middle Name	
Street/ P.O. Box No.	
Zip Postal Code/City	
State/ Province	
Country	
Phone number and WhatsApp Number	
Email	
Date of Birth Place of Birth	
Sex	
Passport number Expiry date	



Marital Status:

Single () Married () Separated () Divorced () Engaged () Widowed ()

Spouse's Name: _____

Names of children accompanying you:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Which languages are you fluent in?

2. CHURCH INFORMATION

Church's Name:

Pastor's Name:

_____ Denomination: _____

Email:

_____ Phone: _____

Church Address:

Does your pastor approve of your application in the House of Prayer Port Moresby? Yes () No ()

If no, why?

3. CHRISTIAN LIFE AND CALLING

1) Please type or write your answers on a separate sheet of paper to EACH of the following questions:

- 1) Please describe how you came to the decision to make Jesus Lord of your life.
- 2) What areas of your life and character are you seeking to develop and improve?
- 3) Please describe the involvement you have with your church or any other ministry?
- 4) Please describe your relationship with your family.
- 5) How does your family feel about your plans to do your DTS?
- 6) Is God leading you to a particular area of ministry? What are your God-given gifts or talents?
- 7) Please tell us other skills, strengths, and weaknesses you have.
- 8) How did God lead you to apply to do this DTS?
- 9) Why do you want to go into missions/ministry work?
- 10) What is your life calling? What are your dreams for your life?
- 11) List anything else we should know about you and your situation.

4. YOUR OWN CHARACTER SURVEY

In order to serve you and protect you spiritually well, we would appreciate, you give us truthful answers for the following survey. We will treat all your answers confidentially. Rate and circle from 1 to 5 (1 very low and 5 very high)

- a) honesty (truthfulness) 1 2 3 4 5
- b) honesty in finances 1 2 3 4 5
- c) emotional stability 1 2 3 4 5
- d) morality in relationships (romantic/ sexual) 1 2 3 4 5
- e) reliability 1 2 3 4 5
- e) healthy anger management 1 2 3 4 5

5. BACKGROUND/ EDUCATIONAL HISTORY

I have completed secondary high school. Yes () No ()

Highest educational attainment:

Occupational Skills or any other training:

Musical abilities / or other talents:

6. FINANCES

The DTS lecture fee is PGK 4,000 (**C countries**), PGK 5,000 (**B countries**) and PGK 6,000 (**A countries**). PNG is a C country. You are required to pay PGK 1,000 admission fee as part of your DTS lecture fee before commencement of the school (January 20th 2025). Please be informed that the lecture fee does not cover your outreach fees and there lecture fee does not include the outreach fees which will vary depending on the outreach location. **There will be additional fees** and expenses for passports, NID Cards for Papua New Guinea citizens, if you do not have PNG passports and NID Cards already.

Do you have your lecture fees now? Yes/ No

If no, how do you plan to raise the money needed for the lecture and outreach fees?

Non-PNG citizens please apply for PNG visa ahead of time. Visa fees for PNG as well as your arrival or return flight to your home country are not included in the fees mentioned here.

Lecture Phase fees are due as follows:

	C countries	B countries	A countries
20th Jan 2025	PGK 1,000	PGK 1,200	PGK 1,500
14th Feb 2025	PGK 2,000	PGK 2,800	PGK 3,000
8th Mar 2025	PGK 1,000	PGK 1,000	PGK 1,500
Total	PGK 4,000	PGK 5,000	PGK 6,000

Outreach fees are due as follows, but will be adjusted to outreach location:

	C countries	B countries	A countries
15 Mar 2025	PGK 2,000	PGK 2,000	PGK 2,000
26 Apr 2025	PGK 1,500	PGK 2,000	PGK 2,500
Total	PGK 3,500	PGK 4,000	PGK 4,500

7. EMERGENCY INFORMATION

In case of an emergency contact: Relationship:.....
 Address:..... Phone:.....

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

 Signature

8. RELEASE OF LIABILITY

I release WanTalk24seven a ministry with Youth with a Mission Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, sickness, death or loss, which may be sustained by said person during my involvement with WanTalk24seven a ministry with Youth with a Mission Inc.

Signature:

Date:

Parent/Guardian Signature.....

Date:.....

(if applicant is under 18 years also signature of guardian) Applicant - Fill in your name and sign.

9. CONFIDENTIAL HEALTH INFORMATION

Please circle if you have ever had, or now have, any of the following:

Epilepsy Heart trouble Mental or nervous disorders High blood pressure Surgery

Mental illness Diabetes Hay fever Asthma Back problems Allergies

Hepatitis A / B

If yes, please explain

Do you have any physical disabilities we should be aware of?

Are you taking any medication or under a doctor's treatment at this time? If yes, Please explain

Do you have any special dietary needs? (i.e. vegetarian, food allergies)

Are you allergic to any medication?

Have you seen or are you seeing a professional counselor for any issues? If yes, what issues?

10. HEALTH CHECK UP AND TEST

*Please do a proper **medical check-up and test** for the following accompanied by a medical report from a medical professional (preferably from a medical doctor)*

Blood Type _____ **Sexual Transmitted Diseases (STD's)** **Tuberculosis (TB)**

For **non-PNG nationals** health insurance for PNG is obligatory! One possible option would be Talent Trust, talent-trust.com

11. GENERAL INFORMATION

We consider for every student to be open and have a teachable heart. Will you be willing to accept our leadership, and will we be allowed to speak into your life? Would you give us permission to shape your life? We try to serve the Lord and you as best as we can.

This is our first DTS and as a ministry we are still in the pioneering stage. This special season will need a lot of flexibility and creativity but also allows a lot of initiative and input from your side.

With signing this application form you agree to all the above. All your information will be treated confidential.

Signature over printed name

Date

Then mail your complete application addressed to:

**House of Prayer Port Moresby
Discipleship Training School c/o Samuel Bune
P.O.Box 2631 Waigani, NCD, Papua New Guinea**

Email: hoppomdts@gmail.com