



## DISCIPLESHIP TRAINING SCHOOL

### 5. Employer/Teacher/Leaders reference forms

Name of Applicant-----

Course applying for -----

Start Date-----

I, the above named applicant, WAIVE any right to read or obtain copies of this recommendation, knowing that this waiver is not required as a condition for admission.

Signature of the applicant\_\_\_\_\_

Dear Employer/Teacher/Leader

The above applicant has applied for the Discipleship Training School at Youth With A Mission(YWAM) Kitgum. The school aims to prepare committed Christians for missions or to return to their vacation and home Church better equipped to serve God and their community.

Students a 12 weeks lecture phase followed by 8-10 weeks outreach during which they get a chance to put their faith into action.

We would like to hear your assessment of the applicant's capabilities and also whether you recommend the applicant. serious consideration will be given to your comments, therefore , we ask that you complete this form carefully. Thanks for your assistance.

Questions

Name of the Employer/Teacher/Leader\_\_\_\_\_

Position/Job title\_\_\_\_\_

Telephone No.\_\_\_\_\_

Email Address.....

How well do you know the applicant ☐ very well ☐ well ☐ Not very well

I have known the applicant for \_\_\_\_\_Year\_\_\_\_\_Months

What is your relationship to the applicant (I.e Employer/Teacher etc)\_\_\_\_\_

1. In your opinion, what are the applicant strong points(includes special abilities).

\_\_\_\_\_

2. What are the applicant's areas of weakness?\_\_\_\_\_



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3. Does he/she display high moral standard? ☐ Yes ☐ No, please explain\_\_\_\_\_

4. With reference to his/her Christian service, do you consider the applicant:

Dedicated ☐ Average ☐ Casual ☐

Please explain\_\_\_\_\_

5. Which of the following would best describe the applicant's Christian experience?

Mature ☐ Genuine and growing ☐ over-emotional ☐ Superficial ☐

Please explain\_\_\_\_\_

6. Please explain on the applicant's family background( if known)

\_\_\_\_\_

7. In your opinion, what is the applicant's motives for applying to do a DTS?

\_\_\_\_\_

8. What would YWAM do to aid the applicant's personal development?

\_\_\_\_\_

9. Please add any relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to him/her.

\_\_\_\_\_

10. Do you support the applicant in their application? ☐ Yes ☐ No, please explain\_\_\_\_\_

Signature-----Date-----

Would you like to receive more information about YWAM Kitgum ☐ Yes ☐ No.

Please post or email all forms immediately to:

DTS School Leader

YWAM Kitgum

P.O Box 385

Kitgum, Uganda

Email: [kitgumdts@gmail.com](mailto:kitgumdts@gmail.com)



## DISCIPLESHIP TRAINING SCHOOL



### 6. Spiritual reference form

Name of Applicant \_\_\_\_\_

Course applying for \_\_\_\_\_

Start Date \_\_\_\_\_

I, the above named applicant, WAIVE any right to read or obtain copies of this recommendation, knowing that this waiver is not required as a condition for admission.

Signature of the applicant \_\_\_\_\_

Dear Spiritual Leader

The above applicant has applied for the Discipleship Training School at Youth With A Mission (YWAM) Kitgum. The school aims to prepare committed Christians for missions or to return to their vacation and home Church better equipped to serve God and their community.

Students a 12 weeks lecture phase followed by 8-10 weeks outreach during which they get a chance to put their faith into action.

We would like to hear your assessment of the applicant's capabilities and also whether you recommend the applicant. serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Thanks for your assistance.

Questions

Name of Spiritual Leader \_\_\_\_\_

Position/Job title \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

How well do you know the applicant ☐ very well ☐ well ☐ Not very well

I have known the applicant for \_\_\_\_\_ Year \_\_\_\_\_ Months

What is your relationship to the applicant (I.e Pastor, Youth leader etc).

1. In your opinion, what are the applicant strong points (includes special abilities).

2. What are the applicant's areas of weakness? \_\_\_\_\_

3. Does he/she display high moral standard? ☐ Yes ☐ No,

Please explain \_\_\_\_\_



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4. With reference to his/her Christian service, do you consider the applicant:

Dedicated ☐ Average ☐ Casual ☐

Please explain \_\_\_\_\_

5. Which of the following would best describe the applicant's Christian experience?

Mature ☐ Genuine and growing ☐ over-emotional ☐ Superficial ☐

Please explain \_\_\_\_\_

6. Please explain on the applicant's family background( if known)

7. In your opinion, what is the applicant's motives for applying to do a DTS?

8. What would YWAM do to aid the applicant's personal development?

9. Please add any relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know about to be of service to him/her. \_\_\_\_\_

10. Do you support the applicant in their application? ☐ Yes ☐ No, please explain

Signature-----Date-----

Would you like to receive more information about YWAM Kitgum Yes ☐ No. ☐

Please post or email all forms immediately to:

DTS School Leader

YWAM Kitgum

P.O Box 385

Kitgum, Uganda

Email: [kitgumdts@gmail.com](mailto:kitgumdts@gmail.com)