



**UofN Bali, Indonesia**  
**IPHC – Intro to Primary Health Care**  
**Student Application**

**Please attach  
a passport sized  
photo here**

All questions must be answered. If a question does not apply to you, write N/A (not applicable) in the space provided. Husbands and wives enrolling as students must complete separate application forms.

**IMPORTANT:** Applications need to be returned eight weeks prior to the start of the school.

**REGISTRATION FEE:** Your application will be processed upon receipt of the registration fee. This fee is not refundable. For non-Indonesians Rp 150,000 (this includes a letter of invitation for your visa)  
Indonesians Rp 100,000

**PASSPORTS:** ALL students attending the IPHC School must have a valid passport with an expiration date of at least six months after the conclusion of the school. This is also recommended for Indonesian students.  
*Please send a copy of your passport* with your application for visa purposes.

**VISAS:** Please do **not** apply for a visa until you receive confirmation of enrolment from UofN Bali and the appropriate papers. If you have a current Indonesian visa, please tell us what type of visa you have and when the visa expires.

**IMMUNIZATIONS:** Although immunization is not compulsory for Bali, we strongly recommend having all your immunizations up to date, and getting immunized against Tuberculosis (BCG) and Rabies.

**MEDICAL INSURANCE:** All overseas (non Indonesian) students are highly recommended that they arrive with their own medical insurance covering emergency treatment, hospitalization and adequate coverage.

**ALL FORMS ARE TO BE EMAILED OR POSTED TO:**

**IPHC, UofN Bali**  
**Jalan Pantai Jimbaran No 3**  
**Jimbaran, Bali**  
**80364 INDONESIA**

**Email:** [iphc@vwamindo.org](mailto:iphc@vwamindo.org)

**Please note:** After we receive your application we will pray and process it, and will let you know if you are accepted as soon as possible.

**A. PERSONAL INFORMATION**

Course applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Mr/Mrs/Miss \_\_\_\_\_  
Last/Family Name First Name Middle Name

Mailing \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Postal/Zip Code ( )

Permanent Address (if different from above):  
\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile/Handphone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: M / F  
MM / DD / YYYY

Country of Citizenship: \_\_\_\_\_ Passport #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ City & Country of Issue: \_\_\_\_\_

Marital Status (check one): Single /Married/ Other: \_\_\_\_\_ (explain)

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
MM / DD / YYYY

Dependants/Children:

<u>Name</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Age</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Is your family coming with you? Yes / No \_\_\_\_\_

**FINANCIAL INFORMATION**

What percentage of your total school fees do you have? \_\_\_\_\_% (RP )

From what source(s) will you receive the remainder? \_\_\_\_\_

Do you have any outstanding debts? If so, explain. \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**YWAM EXPERIENCE**

(1) DTS location: \_\_\_\_\_ Date completed: \_\_\_\_\_

Outreach locations: \_\_\_\_\_

Leader: \_\_\_\_\_

(2) Other YWAM outreach or training program: \_\_\_\_\_

Leader: \_\_\_\_\_

How did you benefit from this training? \_\_\_\_\_

(3) Other YWAM outreach or training program: \_\_\_\_\_

Leader: \_\_\_\_\_

How did you benefit from this training? \_\_\_\_\_

*(If you have more programs, please write on a separate piece of paper.)*

**EDUCATION/EMPLOYMENT SKILLS**

Highest level of education completed: \_\_\_\_\_ Area of study: \_\_\_\_\_

Post Secondary school(s) attended: \_\_\_\_\_

Languages spoken: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Present employment: \_\_\_\_\_

Other occupational skills: \_\_\_\_\_

Other talents/skills/hobbies: \_\_\_\_\_

**EXTRA QUESTIONS**

1. Are you now, or ever have been a drug user?

\_\_\_\_\_

2. Have you ever been arrested? Do you have a criminal record?

\_\_\_\_\_

**CONFIDENTIAL EVALUATIONS/REFERENCES**

We cannot process your application until we receive all 3 (three) Confidential Evaluation/References (*Part C*). Please have the references completed by your: 1) YWAM Base/School Leader, 2) Other spiritual leader, and 3) a mature Christian friend. Please list the names of your evaluators below:

NAME ADDRESS PHONE

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**CONFIDENTIAL HEALTH FORM**

TO THE APPLICANT: This information is treated confidentially.

NAME: \_\_\_\_\_ Medical Insurance #: \_\_\_\_\_ Medical Ins. Company: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PERSONAL MEDICAL HISTORY

How would you rate your health condition? \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Are you presently under the doctor's care for any condition? (specify)  
\_\_\_\_\_

Are you taking medication at this time? (specify) \_\_\_\_\_

Do you have a history of emotional instability of psychiatric treatment? (specify)  
\_\_\_\_\_

Do you have any allergies? (specify) \_\_\_\_\_

Have you in the past or currently have any physical impairments, handicaps, or health conditions which require special attention? (specify)  
\_\_\_\_\_

(Your response to this question will not affect admission consideration)

**Have you had any surgery performed in the last 5 years?**

<u>Date</u>	<u>Type of Surgery</u>	<u>Outcome/Long Term Effects</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. PHYSICIAN'S REFERENCE**

Dear Physician,

We request your help in providing us with information about the applicant's physical health. The applicant is applying for a program with YWAM/UofN Bali that requires the person to be of good health and reasonable level of physical fitness. The applicant may be required to participate in field trips and outreaches within Indonesia and to other countries. We would appreciate your examination and assessment of the person's ability to complete the program.

Thank you  
YWAM, UofN Bali.

Name of Applicant: \_\_\_\_\_ Gender: \_\_\_\_\_  
Height \_\_\_\_\_ Weight: \_\_\_\_\_  
Blood type \_\_\_\_\_ Blood pressure: \_\_\_\_\_

**Medical History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Examination**

**Eyes**            Right            Left    (With/without corrective glasses)

**Hearing**        Right            Left

Chest (lung and heart sounds) \_\_\_\_\_  
Health (tick one)     Excellent             Good             Fair             Poor

Other than minor ailments, has the applicant been in an accident or suffers from illness which still requires medical or surgical attention? (YES / NO)

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Is the applicant currently on any form of medication or doctor's care? (YES / NO)

If yes, please give the details: \_\_\_\_\_  
\_\_\_\_\_

For females only: Is she pregnant? (YES / NO)

Does the applicant suffer from any or have been treated for any of the following? (please tick and give details below)

- |   |                                       |  |                                    |
|---|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Hypertension                   | <input type="checkbox"/> Chest pain   | <input type="checkbox"/> Heart disease                         | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Fainting spells                | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Stroke                                | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Anemia       | <input type="checkbox"/> Migraine                              |                                    |
| <input type="checkbox"/> Food allergy                   | <input type="checkbox"/> Drug allergy | <input type="checkbox"/> Disease of brain or nervous system    |                                    |
| <input type="checkbox"/> Disease of muscles or bones    |                                       | <input type="checkbox"/> Kidney/genital urinary system disease |                                    |
| <input type="checkbox"/> Disease of blood or metabolism |                                       | <input type="checkbox"/> Respiratory disorder/asthma           |                                    |
| <input type="checkbox"/> Other: _____                   |                                       |  |                                    |

Details: \_\_\_\_\_

Is there any other condition that should be noted? \_\_\_\_\_

Are there disabilities that could limit his/her participation in the school's program?  
\_\_\_\_\_

Doctor's recommendation on fitness to study or go on overseas travel for 6 months:

- Acceptable without any limitation
- Acceptable with limitations (please specify) \_\_\_\_\_
- Not acceptable
- Should remain in areas where adequate medical care is available

How long have you known the applicant? \_\_\_\_\_ years, \_\_\_\_\_ months

Physicians name & stamp: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (office): \_\_\_\_\_ Fax: \_\_\_\_\_

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Jimbaran, Bali  
80364 INDONESIA**

**Email: [iphc@ywamindo.org](mailto:iphc@ywamindo.org)**

## C. REFERENCE/CONFIDENTIAL EVALUATION – YWAM Base/School Leader

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL APPLYING FOR: \_\_\_\_\_ DATES: \_\_\_\_\_

The above applicant has applied for admission to Youth With A Mission (YWAM), UofN Bali.

Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is VERY IMPORTANT. Thank you for your assistance. Please check the following and comment where necessary.

What is your relationship to the applicant? \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_ years

How well do you know the applicant? (acquainted) 1 2 3 4 5 (intimately)

### APPLICANT'S EMOTIONAL & SPIRITUAL MATURITY

A YWAM student is required to adapt to different living conditions and new social situations. Adjustments may have to be made to diet, social customs, climate, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by placing a check mark beside the best description of the applicant under each category.

**Physical Condition:** \_\_\_ frequently incapacitated, \_\_\_ somewhat below par, \_\_\_ fairly healthy, \_\_\_ good health

**Emotional Stress:** \_\_\_ gets angry, impulsive, \_\_\_ withdraws, \_\_\_ is discouraged easily, \_\_\_ meets challenge constructively

**Willingness to Serve:** \_\_\_ reluctant, \_\_\_ motives confused, \_\_\_ usually willing, \_\_\_ eager to serve

**Social Affinity:** \_\_\_ avoided by others, \_\_\_ tolerated by others, \_\_\_ liked by others, \_\_\_ well liked by others

**Leadership:** \_\_\_ makes no effort to lead, \_\_\_ tries but lacks ability, \_\_\_ has some promise, \_\_\_ unusual ability to lead

**Christian Walk:** \_\_\_ superficial, \_\_\_ over-emotional, \_\_\_ genuine and growing, \_\_\_ mature, \_\_\_ warmly contagious

**Intelligence:** \_\_\_ learns and thinks slowly, \_\_\_ average mental ability, \_\_\_ alert, has good mind, \_\_\_ brilliant, exceptional

**Responsiveness:** \_\_\_ slow to sense how others feel, \_\_\_ reasonably sensitive, \_\_\_ understanding, \_\_\_ unusually responsive

**Teamwork:** \_\_\_ frequently causes friction, \_\_\_ has to have own way, \_\_\_ usually cooperative, \_\_\_ works well in a team

**Achievement:** \_\_\_ starts, but not finish, \_\_\_ does minimum assigned, \_\_\_ average expectations, \_\_\_ superior creative ability

### CHECK ANY OF THE FOLLOWING THAT YOU FEEL ARE MOTIVATING THE APPLICANT:

\_\_\_ Christian Service, \_\_\_ Travel, \_\_\_ Receive help, ministry, discipleship, \_\_\_ Desire to help others,

\_\_\_ Adventure, \_\_\_ Desire to spread the Gospel, \_\_\_ Escape an unpleasant home situation, \_\_\_ Receive healing

\_\_\_ Other (specify) \_\_\_\_\_

**PLEASE RATE THE QUALITIES WHICH DESCRIBE THE APPLICANT AS A LEADER:**

**W** - Weak                      **A** - Average                      **S** - Strong

\_\_\_ positive contagious spirit, \_\_\_ teachable attitude, \_\_\_ ability to motivate others, \_\_\_ able to receive criticism,  
\_\_\_ able to make decisions, \_\_\_ social poise, \_\_\_ assurance of God's calling, \_\_\_ respect for convictions of others,  
\_\_\_ able to deal with interpersonal problems, \_\_\_ self confidence, \_\_\_ emotional stability, \_\_\_ communication skills

Please comment on the family and social background of the applicant:

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Is the applicant financially responsible?

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As far as you know, has the applicant ever been arrested for any offense?

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To your knowledge, has the applicant ever been involved in morally or legally questionable behaviour? Elaborate

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**What is your overall evaluation of the applicant's promise as a YWAM student?**

\_\_\_ is definitely unsuited, \_\_\_ is not suited at this time, \_\_\_ is a good prospect, but I have some reservations

\_\_\_ is an average prospect, \_\_\_ is an above average prospect, \_\_\_ is an exceptional prospect

**ADDITIONAL COMMENTS:** (Please comment on ANY info you feel to be important/ crucial for our awareness)

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NAME: (Please Print) \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE:     /     /

Your early response will be most appreciated, as the Applicant's file cannot be considered until we have received all of the forms. Please be sure to email or post the form **directly** to us below. Thank you for taking the time to help us in this way.

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**Jimbaran, Bali**  
**80364 INDONESIA**

Email: [iphc@vwamindo.org](mailto:iphc@vwamindo.org)

### C. REFERENCE/CONFIDENTIAL EVALUATION – Spiritual Leader/Pastor

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL APPLYING FOR: \_\_\_\_\_ DATES: \_\_\_\_\_

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What is your relationship to the applicant? \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_ years

How well do you know the applicant? (acquainted) 1 2 3 4 5 (intimately)

#### APPLICANT'S EMOTIONAL & SPIRITUAL MATURITY

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**Physical Condition:** \_\_\_ frequently incapacitated, \_\_\_ somewhat below par, \_\_\_ fairly healthy, \_\_\_ good health

**Emotional Stress:** \_\_\_ gets angry, impulsive, \_\_\_ withdraws, \_\_\_ is discouraged easily, \_\_\_ meets challenge constructively

**Willingness to Serve:** \_\_\_ reluctant, \_\_\_ motives confused, \_\_\_ usually willing, \_\_\_ eager to serve

**Social Affinity:** \_\_\_ avoided by others, \_\_\_ tolerated by others, \_\_\_ liked by others, \_\_\_ well liked by others

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**Achievement:** \_\_\_ starts, but not finish, \_\_\_ does minimum assigned, \_\_\_ average expectations, \_\_\_ superior creative ability

#### CHECK ANY OF THE FOLLOWING THAT YOU FEEL ARE MOTIVATING THE APPLICANT:

\_\_\_ Christian Service, \_\_\_ Travel, \_\_\_ Receive help, ministry, discipleship, \_\_\_ Desire to help others,

\_\_\_ Adventure, \_\_\_ Desire to spread the Gospel, \_\_\_ Escape an unpleasant home situation, \_\_\_ Receive healing

\_\_\_ Other (specify) \_\_\_\_\_

**PLEASE RATE THE QUALITIES WHICH DESCRIBE THE APPLICANT AS A LEADER:**

**W** - Weak                      **A** - Average                      **S** - Strong

\_\_\_ positive contagious spirit, \_\_\_ teachable attitude, \_\_\_ ability to motivate others, \_\_\_ able to receive criticism,  
\_\_\_ able to make decisions, \_\_\_ social poise, \_\_\_ assurance of God's calling, \_\_\_ respect for convictions of others,  
\_\_\_ able to deal with interpersonal problems, \_\_\_ self confidence, \_\_\_ emotional stability, \_\_\_ communication skills

Please comment on the family and social background of the applicant:

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Is the applicant financially responsible?

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NAME: (Please Print) \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE:     /     /

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Email: [iphc@vwamindo.org](mailto:iphc@vwamindo.org)

## C. REFERENCE/CONFIDENTIAL EVALUATION – Christian Friend

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL APPLYING FOR: \_\_\_\_\_ DATES: \_\_\_\_\_

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\_\_\_ Other (specify) \_\_\_\_\_

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**W** - Weak                      **A** - Average                      **S** - Strong

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\_\_\_ able to make decisions, \_\_\_ social poise, \_\_\_ assurance of God's calling, \_\_\_ respect for convictions of others,  
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Please comment on the family and social background of the applicant:

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Is the applicant financially responsible?

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As far as you know, has the applicant ever been arrested for any offense?

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**ADDITIONAL COMMENTS:** (Please comment on ANY info you feel to be important/ crucial for our awareness)

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NAME: (Please Print) \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE:     /     /

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Email: [iphc@vwamindo.org](mailto:iphc@vwamindo.org)

**D. DECLARATION** (*Every portion in this section must be signed*)

I declare that all information disclosed in this application form and its attachments to be true and correct. I have not withheld any relevant information. I agree to the use of the information (including the disclosure) by the staff of YWAM for any purpose pertaining to my training or well being. I agree to abide by the regulations and expectations of the UofN school. I hereby confirm that if I am accepted, unless otherwise arranged with the school leader, I will complete the entire school.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Name/ Signature

**RELEASE OF LIABILITY**

I do hereby release Ywam/UofN Bali, its agent, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss of life which may be sustained by me during the course of involvement with UofN Bali.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Name/ Signature

**CONSENT FOR TREATMENT**

I do hereby agree to the performance of medical treatment, anesthetic and operation as the attending physician/surgeon deems necessary.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Name/ Signature

**CONSENT FOR BURIAL**

In the case of accidental death, the law of the country may require that the body be buried or cremated. Whilst every attempt will be made to fulfill the family's wishes concerning the disposition of the deceased, this may not be possible. I, the undersigned, hereby grant consent for the burial/cremation of my body in accordance with the law in that location, in the eventuality of my death while in the service of Ywam /UofN Bali.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Name/ Signature

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I confirm that I understand payment of the required school tuition and fees *must be made on or before my arrival*, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at the school. I therefore accepted all responsibility for my fees, tuition and personal expenses incurred during my involvement with YWAM/UofN Bali.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Name/ Signature

***If Applicant is under 16 years the release and consent must be countersigned by a parent/guardian***

I have read all the above statements and agree with them as the legal parent/guardian of the applicant.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Name of Parent/Guardian: \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_

### **E. Additional Questions for IPHC**

(Please take time to prayerfully answer these questions on a separate sheet of paper and hand it in with your application form)

1. Please describe briefly how you came to know the Lord and *also* you present spiritual relationship.
2. What church involvement have you had?
3. Have you had any previous health care experience or training? If yes, please describe.
4. What is your vision/calling from God in missions and how do you see this course equipping you for that call? What are your goals/expectations for taking this course?
5. After the school, do you desire to continue in full-time service, especially in primary health care/mercy ministries? Why or why not?
6. a) What are you plans for after this school?  
b) Would you consider staying on in full time health care ministry?
7. This is a unique university level school that requires a full-time commitment, which is focused on both academic results and practical skills. Are you able to commit yourself to daily study as there will be reading and written assignments required by each student. Do you feel your academic abilities are such that you can maintain a "C" average (70-80%) and commit yourself to regular study?
8. Outreaches may involve strenuous exercise including hiking in the mountains with a full backpack of personal belongings, food and medical supplies. Do you have any physical concerns that would hinder you from total involvement in this type of outreach?
9. Do you understand that this is a 6 month course and the outreach is NOT OPTIONAL? Are you prepared to commit yourself to this?
10. It is important for health care workers to be emotionally and spiritually stable in order to minister to others. Are there any areas emotionally or spiritually that you are struggling with at this time? How are you dealing with this?
11. Are there any outstanding problems or difficulties that we should know of that may affect your time in the school?