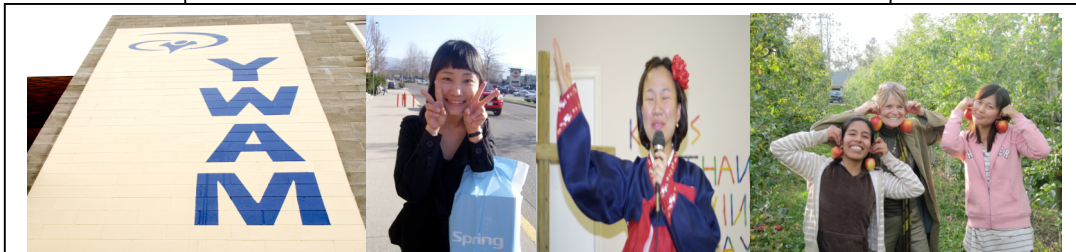


# ESL Okanagan

University of the Nations Canada

**Student application Form**  
University of the Nations, Canada



**Teaching English to Speakers of Others Languages**  
**University of the Nations HMT 147, 148**



## TESOL Application Form Guide

The following items must be submitted with all applications.

All the questions on the application must be completed. If a question does not apply to you write N/A (Not applicable in the space provided).

Couples must complete separate application forms.

### 1. APPLICATION FORM

The following application form is used when applying to attend the TESOL (Teaching English to Speakers of Other Languages) course run at ESL Okanagan.

Please complete ALL sections of the form.

Applications must be received no later than 14 days before start of the Course, along with the registration fee's and reference form.

### 2. REGISTRATION FEE

Your \$50 CND registration fee must be forwarded with your application. This fee is not refundable. Your application will not be processed without the registration fee.

Alternatively if you are an overseas applicant please forward your registration by bank draft in Canadian dollars made out to ESL Okanagan YWAM BC Society.

### 3. RELEASES

The release form should be signed before your application is processed.

### 4. MEDICAL REQUIREMENTS

For the TESOL course, health and medical forms are not required, though we would ask applicants to advise us of any issues that may be of importance.

Please note that dependants 16 years and over must also meet this requirement.

### 5. CONFIDENTIAL REFERENCES

A confidential reference form must be given to your Pastor/ Spiritual Leader. Please request they complete the form and mail or fax it directly to our office, address below:

### 6. ACCOMODATION – HOMESTAY

Our accommodation for this school is home stays which means students will be billeted in Canadian homes for a set price per month. To secure accommodation, a deposit of CND\$100 per placement is to be paid at least one month before the course starts, with the balance being paid the first week.

**ALL FORMS ARE TO BE MAILED OR ATTACHED OR FAXED TO:**

**ESL Okanagan  
3261 Gordon Drive  
Kelowna BC  
V1W 3N4  
Canada**

**Phone: 1-250-762-5084 ext 112**

**Fax: 250-862-9418**

**ywamokesl@yahoo.com**



**[www.eslokangan.com](http://www.eslokangan.com)**



# TESOL Application Form Guide

## TESOL APPLICATION

### GENERAL INFORMATION

Full Legal Name  
MR\_\_\_ MRS\_\_\_ Miss \_\_\_ Ms \_\_\_

Surname/Family/ Name/Last Name  
\_\_\_\_\_

First Name  
\_\_\_\_\_

Middle Name  
\_\_\_\_\_

Preferred Name  
\_\_\_\_\_

#### Personal Details

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth  
\_\_\_\_\_

Sex : F \_\_\_\_\_ M \_\_\_\_\_

#### MARITAL STATUS

Single \_\_\_ Engaged \_\_\_ Married \_\_\_

Separated \_\_\_ Widowed \_\_\_ Divorced \_\_\_

Spouse's Name (If applicable) \_\_\_\_\_

Date of Marriage (If applicable) \_\_\_\_\_

How many children are accompanying you?  
\_\_\_\_\_

#### PASSPORT DETAILS

What is the country of your citizenship?  
\_\_\_\_\_

Passport Number: \_\_\_\_\_

Place of issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

#### Return all forms to:

ESL Okanagan  
3261 Gordon Drive  
Kelowna, BC  
V1W 3N4

Canada  
Phone: 1-250-762-0682  
Fax: 1-250-862-9418  
Email: [ywamokesl@yahoo.com](mailto:ywamokesl@yahoo.com)

**Please attach a recent photo of yourself here**

Permanent Address (Include country & postcode)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Include country & area code)  
\_\_\_\_\_

Fax  
\_\_\_\_\_

Email  
\_\_\_\_\_

#### EMERGENCY CONTACT

Who do we contact in case of an emergency involving you?

Name  
\_\_\_\_\_

Relationship  
\_\_\_\_\_

Address (Includes country & postcode)  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Include country & area code)  
\_\_\_\_\_

Email  
\_\_\_\_\_

## FAMILY

### Children

List the names, dates of birth and passport numbers of children accompanying you (please include additional children in a separate sheet of paper)

CHILD 1

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

Sex: F \_\_\_\_\_

M \_\_\_\_\_

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Date of Expiry

CHILD 2

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

Sex: F \_\_\_\_\_

M \_\_\_\_\_

CHILD 3

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

Sex: F \_\_\_\_\_

M \_\_\_\_\_

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Date of Expiry

CHILD 4

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

Sex: F \_\_\_\_\_

M \_\_\_\_\_

## ADDITIONAL QUESTIONS

On a separate sheet of paper please answer the following questions:

1. Describe your reason for doing the TESOL course.
2. Please list your academic levels achieved.
3. Current and previous employment.
4. Do you have any previous experience in YWAM?
5. Do you have any previous teaching English?

## FINANCES

### Financial Support

Do you have your complete school fees?  
YES \_\_\_ NO \_\_\_

If not, how much do you presently have? CND  
\_\_\_\_\_

How do you anticipate the provision of the outstanding balance of your school fees?  
\_\_\_\_\_

Do you have financial support?

YES \_\_\_ NO \_\_\_

### Return all forms to:

**ESL Okanagan**  
**3261 Gordon Drive**  
**Kelowna, BC**  
**V1W 3N4**

**Phone: 1-250-762-5084 ext 112**

**Fax: 1-250-868-9418**

**Email: [ywamokesl@yahoo.com](mailto:ywamokesl@yahoo.com)**



**RELEASES**

I do hereby release Youth With A Mission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their course of involvements with Youth With A Mission.

Signed \_\_\_\_\_

Date \_\_\_\_\_  
If applicant is under 18 years of age, signature of parent/guardian is also required-see bottom of the page.

**2. Statement of Burial**

I agree that in any case of my death while in Youth With A Mission – Canada. Youth With A Mission Canada may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve Youth With A Mission Canada and its entire staff and associates of the burial costs.

Signed \_\_\_\_\_

Date \_\_\_\_\_  
If applicant if under 18 years of age, signature of parent/guardian is also required- see bottom of the page.

**3. Legal Proceedings**

Are you involved in any current or pending law suits or legal proceeding?

YES \_\_\_\_\_ NO \_\_\_\_\_  
If “YES”, please give details

**4. Police Record**

Do you have a police record (civil or military)?

YES \_\_\_\_\_ NO \_\_\_\_\_  
If “YES” please give details

**5. Consent for Treatment**

In an event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatment, anesthetic and operation to be performed upon myself as in the opinion of the attending physician/s is deemed necessary

Signed \_\_\_\_\_

Date \_\_\_\_\_  
If applicant is under 18 years of age, signature of parent/guardian is also required-see bottom of the page. – see bottom of the page.

**6. 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 obligations, both to the Lord and to the students and staff at the school. I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**7. Permission**

I give permission to Youth With A Mission – Canada, to use any photographic, imaging or written material in regards to myself in promotional and marketing media.

YES \_\_\_\_\_ NO \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_  
If applicant is under 18 years of age, signature of parent/guardian is also required-see bottom of the page.

**8. Declaration**

I declare that all the information contained herein is true, correct and complete to the best of my knowledge.

I confirm that I have read the “Student information Handbook, attached to this application form, and that I agree with it.

Signed \_\_\_\_\_

Date \_\_\_\_\_  
If applicant is under 18 years of age, signature of parent/guardian is also required-see bottom of the page.

**9. Parent/Guardian Declaration**

I have read all the above statements (points 4-21) and agree with them as the legal parent/guardian of the applicant.

Name of Parent/Guardian \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



FEEDBACK

1. Are there any matters you would like to make mention of relating to any of the questions and/or forms previously?

---

---

---

---

---

2. Are there any matters you would like to make mention of not covered in the questions above??

---

---

---

---

---

3. How did you find out about the course you are applying for:

- Recommended by Base / Campus Staff
- YWAM ESL Okanagan Website
- Other YWAM Base / Campus
- GO Manual
- YWAM e-group news
- Other

---

---

---

**Return all forms to:**

**ESL Okanagan  
3261 Gordon Drive  
Kelowna BC  
V1W 3N4  
Canada.**

**Phone: 1-250-762-5084 ext 112**

**Fax: 1-250-862-9418**

**Email: [ywamokesl@yahoo.com](mailto:ywamokesl@yahoo.com)**

**[www.eslokanagan.com](http://www.eslokanagan.com)**



**PASTORIAL / SPIRITUAL LEADER REFERENCE**

**TESOL APPLICATION CONFIDENTIAL REFERENCE FORM**

Name of referee \_\_\_\_\_

Name of applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_

(Include country and postcode)

\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

(Day/ Month/ Year)

\_\_\_\_\_

The Following applicant has applied to attend the TESOL (Teaching English to Speakers of Other Language) course being held by Youth With A Mission ESL, Kelowna BC, Canada. This is a six week intensive course designed to equip and train people to teach the English language as a means of practical missions both in Canada and Overseas. The TESOL course is a certified course; its contents are designed to give the necessary skills to begin teaching English straight away. As a spiritual leader we value your feedback and prayerful consideration of the applicant suitability for such a course. Please give a brief comment on each of the questions and return this form to the address above. If you would like more information about TESOL, or if you have any questions, please do not hesitate to contact us. Thank you.

What is your relationship to the applicant?

Pastor \_\_\_\_\_ Other, please specify

\_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being very little, 10 being intimately)

1 2 3 4 5 6 7 8 9 10

-----

How long has the applicant been involved in ministry?

\_\_\_\_\_

Does the applicant have a sincere and growing relationship with the Lord Jesus?

\_\_\_\_\_

Do you know the applicant's long term vision or call to missions? :

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please give a brief outline:

\_\_\_\_\_

Is there anything that would hinder the applicant from completing a six-week intensive course?

\_\_\_\_\_

On a scale of 1 to 10, how well do you feel you know the applicant? (1 being the lowest)

- Diligence \_\_\_\_\_
- Punctuality \_\_\_\_\_
- Personal Grooming \_\_\_\_\_
- Attitude to work \_\_\_\_\_
- Emotional stability \_\_\_\_\_
- Consideration for others \_\_\_\_\_
- Attitude to other cultures \_\_\_\_\_
- Flexibility \_\_\_\_\_
- Academic ability \_\_\_\_\_
- Financial responsibility \_\_\_\_\_
- Dependable \_\_\_\_\_
- Responds well to authority \_\_\_\_\_



**Family Background**

Please comment briefly on the applicant’s family background (if known)

**Additional Comments**

Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper if necessary)

**Referee Information**

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

**Name (block capitals please)**

---

**Address (Include country & postcode)**

---

---

---

---

**Home Telephone (Include country & area code)**

---

**Work Telephone (Include country & area code)**

---

**Email**

---

**Signed**

**Date**

---

**Please call us 1-250-762-5084 ext 112 if you have any additional comments.**

**Thank you for your assistance.  
Would you like to receive further information about  
ESL Okanagan Canada?**

**YES**\_\_\_\_ **NO**\_\_\_\_



[www.eslokanagan.com](http://www.eslokanagan.com)

