

**YOUTH WITH A MISSION, CHATEL  
RESTORATION CENTRE**

(An extension of University of the Nations, College of Counselling and Health Care)

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Restoration Ministry Director: Mme Sylvie Bolay

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male \_\_\_

\_\_\_\_\_ Female \_\_\_

Tel: Home \_\_\_\_\_

Age: \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

E mail: \_\_\_\_\_

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

day/mon/year

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_

Widowed \_\_\_ Divorced \_\_\_ Remarried \_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Spouse: Name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children:      Name                                      Age                                      Sex

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

How did you learn about our Centre? \_\_\_\_\_

Are you presently being treated by a Counsellor/Therapist/Psychiatrist? If so, how often?

\_\_\_\_\_

Have you seen a Counsellor in the past? If so, for what reason?

\_\_\_\_\_

Are you currently taking prescription medication? YES \_\_\_ NO \_\_\_ If yes, for what condition?

\_\_\_\_\_

Are you currently active in a Church Fellowship? \_\_\_\_\_

Do you speak FRENCH \_\_\_\_\_ fluently \_\_\_\_\_ conversationally \_\_\_\_\_

Do you speak ENGLISH \_\_\_\_\_ fluently \_\_\_\_\_ conversationally \_\_\_\_\_

Do you speak GERMAN \_\_\_\_\_ fluently \_\_\_\_\_ conversationally \_\_\_\_\_

Who would be a spiritual reference person for you, for support/follow-up, etc?

\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Tel No. \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem, as you see it?
2. What action, if any, have you previously taken to deal with this problem?
3. How can we help you? (ie. what are your expectations?)
4. Briefly note any additional information that would be helpful for us to know (ex. health problems, serious addictions, recent deaths in family, undergoing divorce, etc.)

Signature: \_\_\_\_\_

Please return signed application form to postal or e mail address at top of this form. After processing, we will contact you about the possibility of an initial interview. Thank you.