



**FULL  
GOSPEL  
CHURCHES**  
OF AUSTRALIA LIMITED

ACN 111 974 479

The Full Gospel Churches of Australia  
**PO Box 195 CAPALABA, Qld 4157**  
Email: [admin@fullgospelaustralia.org.au](mailto:admin@fullgospelaustralia.org.au)  
[www.fullgospelaustralia.org.au](http://www.fullgospelaustralia.org.au)

# ANNUAL CREDENTIAL RENEWAL FORM – 2018

Due Date – 30/07/2018

## OFFICE USE ONLY

Renewal Received	Date _____	Renewal Fee Paid	Yes / No
Executive Approval	Yes / No	New Credential Card Issued	Date _____
Database Updated	Yes / No		

PLEASE PRINT CLEARLY

## PERSONAL DETAILS

NAME IN FULL: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

CONTACT: Home Ph: \_\_\_\_\_ Church Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## CHARACTER DETAILS

In the last twelve months have you,

Declared bankruptcy? Yes / No

Been charged or convicted of an offence in Australia or a foreign country? Yes / No

Been subject to an unresolved complaint, investigation or charge? Yes / No

Been subject to any disciplinary action any profession, trade or employment? Yes / No

If you have answered Yes to any of these questions please provide full details \_\_\_\_\_

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

All ministries will have contact with children at sometime. It is essential that ministers hold the appropriate approval with their State Government to work with children. Please supply your current registration number and expiry date.

\_\_\_\_\_ Exp: \_\_\_\_\_

## MINISTRY DETAILS

I currently hold the following credential:  Ordained  Associate  Christian Worker

Name of church: \_\_\_\_\_ Approx. Membership \_\_\_\_\_

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

Current Responsibility (eg. Pastor / Elder / Youth Leader) \_\_\_\_\_

Details of your present ministry and responsibility in the church \_\_\_\_\_

Details of any significant changes in your church / ministry over the last twelve months \_\_\_\_\_

If you are not currently pastoring or assisting in a church fellowship, please detail your ministry activities over the last twelve months \_\_\_\_\_

## STATEMENT OF APPLICANT

I hereby apply to renew my credential with the Full Gospel Churches of Australia.

'I have read and fully accept the Statement of Faith of the Full Gospel Churches of Australia, and will uphold its principles of doctrine and conduct to the best of my ability.

'I have read and fully accept the Code of Conduct for the Full Gospel Churches of Australia.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### ANNUAL FEES

Ordained Credentials	\$275.00
Associate Credentials	\$175.00
Workers Credentials	\$100.00
Late Lodgement Fee	\$20.00

### Bank Details:

Name: Full Gospel Churches

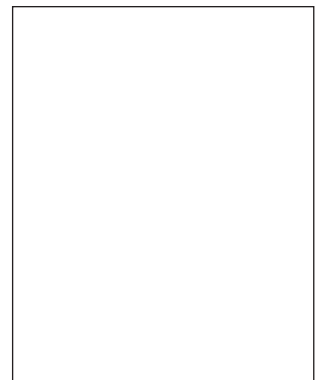
BSB: 484 799

A/C: 084 437 683

Bank: Suncorp

Please detail your name on the transaction and then let us know the details of your deposit via email, thank you.

**Photograph:** If you believe that your last photograph provided is no longer accurate, please attach a new passport size photograph to the space shown.



Please forward this application with your accompanying renewal fee to:

The Full Gospel Churches of Australia

PO Box 195, CAPALABA Qld 4157

Or Email it together with evidence of payment to:

[admin@fullgospelaustralia.org.au](mailto:admin@fullgospelaustralia.org.au)