



**FULL
GOSPEL
CHURCHES**
OF AUSTRALIA LIMITED

ACN 111 974 479

The Full Gospel Churches of Australia
PO Box 195, CAPALABA Qld 4157
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CHRISTIAN WORKER'S CREDENTIAL APPLICATION FORM

OFFICE USE ONLY

Application Received	Date _____	Letter of Grant sent	Date _____
Reference Received	Yes / No	Grant Forms Returned	Date _____
Application Fee Paid	Yes / No	Credential Card Issued	Date _____
Executive Approval	Yes / No	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: _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____

PREVIOUSLY MARRIED? Yes / No

CHARACTER DETAILS

Have you ever been bankrupt? Yes / No

Have you ever been charged or convicted of an offence in Australia or a foreign country? Yes / No

Are you currently subject to an unresolved complaint, investigation or charge? Yes / No

Are you currently subject to or ever have been subject to any disciplinary action as a minister of religion or in any other profession, trade or employment? Yes / No

Have you ever been refused credentials or ordination by any other denomination? Yes / No

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

MINISTRY EDUCATION

Have you completed any formal ministry education eg. Bible School / College?

Name of Institution _____ Date Completed _____

Qualification Awarded _____

OTHER QUALIFICATIONS

Have you completed any post-secondary education eg. TAFE, University?

Name of Institution _____ Date Completed _____

Qualification Awarded _____

Name of Institution _____ Date Completed _____

Qualification Awarded _____

WORK HISTORY

Are you currently employed? Yes / No

Employer _____ Position _____

Duties _____

Details of previous employment

Employer _____ Position _____

Duties _____

Employer _____ Position _____

Duties _____

MINISTRY EXPERIENCE

When did you become a Christian? _____ Briefly detail your conversion experience _____

Have you been baptised in water? Yes / No When? _____

Have you been baptised in the Holy Spirit? Yes / No When? _____

In what capacity will you be serving in your local church? _____

Please detail any leadership responsibilities _____

Preferred Title of Credential Card (eg. Youth Worker, Chaplain etc) _____

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.

_____ Exp: _____

STATEMENT OF APPLICANT

I hereby apply for a Christian Worker's Credential with the Full Gospel Churches of Australia.

I have fully read and 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.

Signature _____

Date _____

SUPPORTING REFERENCE

An application for a Christian Worker's Credential must be supported by your current pastor. Please provide a supporting character reference from your pastor detailing your ministry responsibilities.

Please forward this application with an accompanying application fee of \$20 to:

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