

FULL GOSPEL AUSTRALIA

life for communities

ACN 111 974 479

COMMUNITY CHAPLAIN'S CREDENTIAL APPLICATION

Full Gospel Australia
PO Box 195, CAPALABA Qld 4157
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OFFICE USE ONLY

Application Received	Date _____	Credential Card Issued Date _____
Reference Received	Yes / No	Database Updated Yes / No
Application Fee Paid	Yes / No	
Executive Approval	Yes / No	

PERSONAL DETAILS

Name in full: _____ Date of Birth: _____ Gender: _____

Residential Address: _____

City: _____ State: _____ Postcode: _____ Nationality: _____

Postal Address: _____

City: _____ State: _____ Postcode: _____

Home Ph: _____ Church Ph: _____ Mobile: _____

Email: _____ Website: _____

Marital Status: _____ Name of Spouse: _____

Were you previously married? Yes / No *If Yes, please include details.* _____

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?

Institution _____ Qualification _____ Date: _____

OTHER QUALIFICATIONS

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

Institution _____ Qualification _____ Date: _____

WORK HISTORY

Are you currently employed? Yes / No Employer _____

Position _____ Duties _____

Details of previous employment

Employer _____ Position _____

CHRISTIAN EXPERIENCE

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

Date of water baptism: _____ Date of Baptism in the Holy Spirit: _____

MINISTRY EXPERIENCE

Please detail your present and previous ministry and or leadership experience and responsibilities:

Ministry: _____ Period: _____

Ministry: _____ Period: _____

In which capacity will you be serving as a chaplain (eg. Community, Youth, Hospital)? _____

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: _____

Title on Credential Card (eg. Community Chaplain/Youth Chaplain/Other) _____

STATEMENT OF APPLICANT

I hereby apply for an Community Chaplain’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 _____

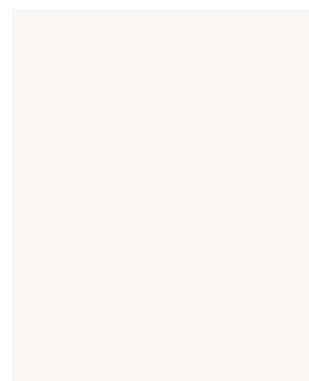
Full Name of Applicant _____

SUPPORTING REFERENCE

An application for a Community Chaplain’s Credential must be supported by your pastor and organisation's board. Please provide a supporting reference from your pastor detailing your ministry responsibilities and also a separate reference from the board verifying that the details stated in this application are true and correct. This reference should be signed by at least two board members or responsible persons.

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

Full Gospel Australia
PO Box 195,
CAPALABA QLD 4157



Please affix a current passport sized photo here