



Full Gospel Australia

life for communities

ACN 111 974 479

ASSOCIATE MINISTER'S CREDENTIAL APPLICATION

Full Gospel Australia
PO Box 195, CAPALABA Qld 4157
admin@fullgospelaustralia.org.au
www.fullgospelaustralia.org.au

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: _____

Institution _____ Qualification _____ Date: _____

Institution _____ Qualification _____ Date: _____

OTHER QUALIFICATIONS

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

Institution _____ Qualification _____ Date: _____

Institution _____ Qualification _____ Date: _____

Institution _____ Qualification _____ Date: _____

Institution _____ Qualification _____ Date: _____

WORK HISTORY

Are you currently employed? Yes / No

Employer _____ Position _____

Duties _____

Details of previous employment

Employer _____ Position _____

Duties _____

Employer _____ Position _____

Duties _____

CHRISTIAN EXPERIENCE

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

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

Describe your call to ministry: _____

MINISTRY EXPERIENCE

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

Ministry: _____ Period: _____

Ministry: _____ Period: _____

Ministry: _____ Period: _____

Ministry: _____ Period: _____

Ministry: _____ Period: _____

Ministry: _____ Period: _____

Please provide details of previous credentials with any other denomination _____

CHURCH OR MINISTRY DETAILS

Name of your church or ministry: _____

Address: _____ City: _____ State: _____ Code: _____

Overall Membership: _____ Sunday AM: _____ Sunday PM: _____ Prayer Mtg: _____ Midweek Mtg: _____

Youth Group _____ Children's Ministry: _____ Other Ministry: _____ Community Outreach: _____

Describe your church or ministry's missions program: _____

Your current responsibility (eg. Pastor/Elder/Youth Leader/Other) _____

Details of your present ministry and responsibility: _____

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 an Associate Minister'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

Each application for an Associate Credential **must be accompanied by two supporting references** from currently Ordained Ministers of Religion. These ministers do not need to hold credentials with the Full Gospel Australia.

As the employment of an Associate Pastor rests with the local church and not the Full Gospel Churches of Australia, your church or ministry board (or applicable entity such as Elders or other responsible persons) **must provide a character reference and verify that the details stated in this application are true and correct. This reference should be signed by at least three board members or responsible persons.**

Please forward this application with an accompanying application fee of \$50 to:

Email a PDF copy to: admin@fullgospelaustralia.org.au

The Full Gospel Churches of Australia
PO Box 195,
CAPALABA QLD 4157

Bank Details for Payment
Full Gospel Australia
BSB 030 080
Acct 579 344
Bank WESTPAC

Please affix a passport sized head and shoulders photo here, or submit an image by email (you can smile).