APPLICATION FOR A MINISTRY CREDENTIAL

Working With Children Check (Bluecard) # ____

Check which type of Ministry Ci	edential this application applies to:	:	
Ordained Minister Credentia	Associate Minister Cred	dential Minis	try Leader Credential
YOUR PERSONAL DETAILS			
First Name	Middle Name(s) Last Name		ne
Preferred First Name	Date of Birth Male Female		Female
Residential Address			Nationality
City	State Post	code	
Postal Address			
City	State Po	ostcode	
Home Ph	Church Ph	Mobile	
Email	Website		
Marital Status	Name of Spouse		
Emergency Contact Name	Mobile	Email	
Have you been previously marı	ied?		Yes No
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 or have ever been subject to disciplinary action in your employment or ministry?			Yes No
Have you ever been refused credentials or ordination by any other denomination?			Yes No
			VATE/CONFIDENTIAL
If YES to any of the above,	please provide FULL details in a separa	ite document marked PRI	
If YES to any of the above,	please provide FULL details in a separa		Date
If YES to any of the above, MINISTRY EDUCATION Institution		ra lifica tion	<u> </u>

____ Expiry Date ____

OTHER QUALIFICATIONS

Details of your completed post-	secondary education e.g., TAFE, Unive	ersity?		
Institution	Quali	fica tion	Date	
Institution	Qua li	fica tion	Date	
Institution	Quali	fica tion	Date	
WORK HISTORY				
Are you currently employed? Ye	s/No			
Employer	Position			
Duties				
Details of previous employment	t			
Employer	Position			
Duties				
CHRISTIAN EXPERIENCE				
When did you become a Christ	ian? Briefly detail y	our conversion e	experience	
Date of water baptism_	Date of Baptism in the H	oly Spirit		
Describe your call to ministry				
	previous ministry and or leadership ex			
Ministry			Period	
Ministry			Period	
	tail your ministryexperience, please in			
CHURCH OR MINISTRY DETAIL	ous credentials with any other denomin			
	City			
Statistical Details: What is your r			Service Attendance	
Average Prayer Meeting	Youth Group Children	's Ministry	Other	
Does your ministry have a com	nmunity outreach program?	Yes / No		
If so, how many people in your	community would be reached by peop	ple in your minist	try each year?	
Describe your ministry's missio	n program			
Your current responsibility (e.g., Pastor/Elder/Youth Leader/Etc.)				

STATEMENT OF APPLICANT

- 1. I hereby apply for the stated Credential with the Full Gospel Churches of Australia and affirm the information I have given is true and correct.
- 2. I have read and accept the Statement of Faith(published on our website) of the Full Gospel Churches of Australia and will uphold its values.
- 3. I give permission for my Church or Ministry details to be published by Full Gospel Australia , should my application be successful.
- 4. I agree to be contacted by Full Gospel Australia leadership and understand that my contact information may be accessed by other FGA ministers, ministries, and churches.
- 5. As a minister of the Gospel, I will engage with professional development, continuing my ministry education, according to the guidelines set by Full Gospel Australia .
- 6. I will attend seminars, conferences, on-line meetings, and webinars held by Full Gospel Australia and will engage with other ministers of the Gospel for mutual support.
- 7. I will maintain my own spiritual health and a vital relationship with God by regularly reading the Bible, prayer, contemplation, and fellowshipping with other Christian Leaders.
- 8. I will continue to be responsible to my local board, elders, responsible people or oversight and will act in integrity, maintain high moral values and high ethical standards as a role model for others.

Signature	Date
Full Name of Applicant	
SUPPORTING DOCUMENTS	
Each application for an Ordained Credential mus Ministers of Religion, on letterhead with contact	st be accompanied by two supporting references from Ordained details, from any Christian denomination.
Reference 1 Attached	
Reference 2 Attached	
the Full Gospel Churches of Australia, your chui	consibility for a Minister of Religion rests with the local church and not rch or ministry board (or applicable entity such as Elders or other pport verifying the details of this application are true and correct. This d members or responsible persons. *
Letter of Support Attached	
A photo (Head and Shoulders) is required for o	our records and any credential card issued.
Photo Attached	
One Photo Identification Document is required t	o establish your identity and correct legal name.
Photo ID Attached	
	on fee of \$50 to The Full Gospel Churches of Australia . ank details are below, or by Credit Card via the DONATE button ull Gospel Australia can be sent to:
Full Gospel Australia	BankDetails: Name: Full Gospel Australia
PO Box 195, CAPALABA QLD 4157	BSB: 034 080 Account: 579 344
Application Fee or Receipt Attached	Please print this application, or save it as a PDF document. Submit by physical post to our Post Office Box or Email to admin@fullgospelaustralia.org.au

^{*}Applications for a Ministry Leaders Credential only require ONE reference from the SENIOR ORDAINED MINISTER of their organisation as their credential rests on the senior ordained minister's authority and are directly overseen by them. Therefore, applications for a Ministry Leader Credential do not need the other references or the Letter of Support. Ministry Leader Credential holders are required to provide a signed Code of Conduct once their credential is approved..