



Full Gospel Australia

life for communities

ACN 111 974 479

ANNUAL CREDENTIAL RENEWAL FORM

July 2024 - June 2025
Due Date – 30/06/2024

Full Gospel Australia
PO Box 195
Capalaba Qld 4157
Email: admin@fullgospelaustralia.org.au
www.fullgospelaustralia.org.au

PERSONAL DETAILS

NAME IN FULL: _____ Date of Birth: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

Home Ph: _____ Church Ph: _____ Mobile: _____

Email: _____

Website: _____ Facebook: _____

CHARACTER DETAILS

You are responsible to inform Full Gospel Australia of any changes to your circumstances. Serious breaches of the Code of Conduct must be reported within the time frames outlined within the Code (7 days for most breaches or 24 hours for breaches involving criminal and/or civil action). Failure to notify is a further breach.

Please indicate if any of the following circumstances have changed in your life. HAVE YOU:

- | | |
|---|----------|
| Declared bankruptcy? | Yes / No |
| Been charged or convicted with 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 in any profession, trade or employment? | Yes / No |
| Changed your marital status? | Yes / No |
| Become aware of any reason why your Working with Children registration OR your credential with FGA would be canceled? | Yes / No |

If you have marked Yes to any of the above, please provide full details. If more space is needed, please attach extra pages:

All ministries will have contact with children at some time. 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

Credential currently held: Ordained Associate Ministry Leader

Name of your church or ministry organisation: _____

Address: _____

Current Responsibility (Pastor / Elder / Youth Leader) _____

Details of your present ministry and responsibility in the church _____

How many people does your ministry influence or reach in your community on a monthly basis? _____

Please describe your Missions Program _____

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

What significant milestones have you or your ministry celebrated this year or about to celebrate? _____

If you are not currently ministering in a church structure, please detail your ministry activities over the last twelve months.

HAVE YOU PARTICIPATED IN PROFESSIONAL DEVELOPMENT THIS YEAR?

- I confirm that I have fulfilled my Professional Development Requirements in the past twelve months.
- I am still working on my Professional Development Requirements and understand the importance of fulfilling them each year.

STATEMENT OF COMPLIANCE WITH FULL GOSPEL AUSTRALIA'S SAFE KIDS FRAMEWORK

- I confirm that the ministry I am involved with is compliant with Full Gospel Australia's Safe Kids Framework
- I confirm that the organisation with which I am involved is NOT yet compliant with Full Gospel Australia's Safe Kids Framework but is working towards it and that we will be compliant by the 30 June 2025. I understand that we can reach out to Full Gospel by emailing admin@fullgospelaustralia.org.au if we need assistance with the Safe Kids Framework.

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. I understand and will abide by the Code of Conduct for the Full Gospel Churches of Australia.

Signature _____ Date: _____

Early Bird Discount: \$50 for renewal fees received before 1st of June 2024

Late Lodgement Fee: \$50.00 for payments received after 30th June 2024

Renewal Fees 2024-2025

Ordained Minister..... \$390
Associate Minister..... \$290
Ministry Leader \$210

Photograph: If your last ID photograph is no longer accurate, please attach a new passport size colour photograph (you are allowed to smile.)

Direct Deposit Bank

Details:

**Name: Full Gospel
Australia BSB: 034 080
A/C: 579 344
Bank: WESTPAC**

Please Email this form together with evidence of payment to:
admin@fullgospelaustralia.org.au
or
Post it and your cheque to
PO Box 195, CAPALABA QLD 4157

Reference your name with the year 2024 after it, for example SmithJohn2024. Please let us know the details of your deposit via email, thank you.

To arrange Credit Card Payments, please see our website payment portal or call Full Gospel Australia directly.