Full Gospel Australia

life for communities

APPLICATION FOR A MINISTRY CREDENTIAL

PO Box 195, CAPALABA QLD 4157 admin@fullgospelaustralia.org.au www.fullgospelaustralia.org

Check which type of Ministry Credential this application applies to:

Ordained Minister Credential ☐ Associate Minister Credential ☐ Ministry Leader Credential ☐

YOUR PERSONAL DETAILS

First Name_____ Middle Name(s)_____ Last Name_____

Preferred First Name_____ Date of Birth _____ Male ☐ Female ☐

Residential Address _____ Nationality _____

City _____ State _____ Postcode _____

Postal Address _____

City _____ State _____ Postcode _____

Home Ph _____ Church Ph _____ Mobile_____

Email_____Website_____

Marital Status_____ Name of Spouse _____

Emergency Contact Name _____ Mobile _____ Email_____

Emergency Contact details must be different to your own details and must agree to be contactable by FGA .

CHARACTER DETAILS

Have you been previously married?	☐ 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 ☐

If YES to any of the above, please provide FULL details in a separate document marked PRIVATE/CONFIDENTIAL

MINISTRY EDUCATION

Institution_____ Qualification_____ Date _____

Institution_____ Qualification_____ Date _____

Institution _____ Qualification_____ Date _____

FGA deems all ministers come into contact with children, so need a current Working with Children Check by their State or Territory Government. Please provide your WWCC or Bluecard details:

Working With Children Check (Bluecard) # _____ Expiry Date _____

OTHER QUALIFICATIONS

Details of your completed post-secondary education e.g., TAFE, University?

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 _____

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 _____

If you need more space to detail your ministry experience, please include the details on a separate document.

Please provide details of previous credentials with any other denomination

CHURCH OR MINISTRY DETAILS

Name of your church or ministry _____

Address _____ City _____ State _____ Code _____

Statistical Details: What is your ministry's overall membership? Average Service Attendance _____

Average Prayer Meeting _____ Youth Group_____ Children's Ministry _____ Other _____

Does your ministry have a community outreach program? ☐ Yes / No ☐

If so, how many people in your community would be reached by people in your ministry each year? _____

Describe your ministry's mission 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 that the information I have given is true and correct.
2. I have read and accept the Full Gospel Churches of Australia Statement of Faith and will uphold its values.
3. I will comply with Full Gospel Australia's Safe Ministries Strategy.
4. I give permission for my Church or Ministry details to be published by Full Gospel Australia.
5. 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.
6. As a minister of the Gospel, I will engage with professional development and professional supervision, according to the guidelines set by Full Gospel Australia.
7. 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.
8. I will engage with Full Gospel Australia State and National Leaders in a timely manner, and renew my credential before June 30 each year
9. I will maintain my own spiritual health and a vital relationship with God by regularly reading the Bible, pra yer,
   contemplation, and fellowship with other Christian Leaders.
10. I will abide by Full Gospel Australia's Code of Conduct and continue to be responsible to my local board, elders, responsible people or oversight. I 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

1. Each application for an Ordained or Associate Credentials must be accompanied by two supporting references from Ordained Ministers of Religion, on letterhead with contact details, from any Christian denomination. Please ensure that your referee is available for a phone interview, in addition to their written reference.

Reference 1 Attached ☐

Reference 2 Attached ☐

Ministry Leaders Credential applications 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.

2. As direct oversight, employment of and responsibility for a Minister of Religion 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 letter of support verifying the details of this application are true and correct. A proforma for this document is attached and must be printed on your ministry's letterhead before being signed by at least two board members or responsible persons.**

3. A photo (Head and Shoulders) is required for our records and any credential card issued.

Photo Attached ☐

4. One Photo Identification Document is required to establish your identity and correct legal name. This document will be deleted/destroyed once your identity has been established.

Photo ID Attached ☐

Please print this application, or save it as a PDF document before submission.

Please forward this application form to admin@fullgospelaustralia.org.au or to P O Box 195, Capalaba Qld 4157.

Application fees of $64.90 incl. GST can be paid online using the bank details below (please include the applicant's SURNAME in t h e reference field and email a copy of your bank receipt). Your may also pay by Credit Card via the STORE on the Full Gospel website (https://www.fullgospelaustralia.org.au/store).

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Bank Details
Acc Name: The Full Gospel Churches of Australia
BSB: 034080 Acc #: 579344

Please Note: Applications submitted without the Application Fee will not be accepted.

Statement of Support by Governing Body

We, the undersigned, being responsible persons for:

……
Name of Organisation

hereby state our full support for:

……
Applicant's Name

and their application for Ordained/Associate/Ministry Leader's Credentials (**please circle**).
We confirm the following:

- We support the applicant's role as a pastor or leader in our church or ministry organisation (the organisation) and as such, support their application for a ministry credential with the Full Gospel Churches of Australia (FGA).
- To the best of our knowledge and belief, the applicant is a fit and proper person to exercise leadership within the organisation.
- We acknowledge that our ministry is locally governed and recognise our responsibility as the organisation's governing board or elders to oversee the applicant to the extent that they are involved in or responsible for our organisation's ministries.
- We acknowledge that FGA has a ministerial code of conduct (The Code) which sets out the standards that are expected of persons holding an FGA credential and should there be a breach of the code, we will investigate any alleged breach and notify FGA.
- We confirm that the information in the attached application is true and correct to the best of our knowledge and belief.
- Should any of these details change, we will notify FGA as soon as we become aware.

Signed……. Position……..
Full Name……. Date ……

Signed……. Position……..
Full Name……. Date ……

Signed……. Position……..
Full Name……. Date ……