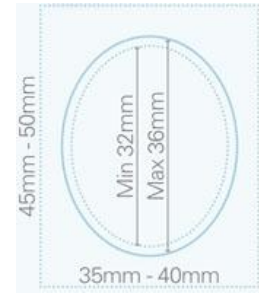




245 Angas Street, Adelaide, SA 5000



(affix a passport size photo)

**Application for:-**

***LOCAL PREACHER -- CERTIFICATE WITH THE CCA***

**PLEASE READ THROUGH BEFORE COMPLETING**

Application Forms must be completed in duplicate, in ink or typed, and forwarded to the Pastor of the church in which the Applicant has fellowship. To avoid delay, answer every question in full and supply two (2) passport size photos, one (1) passport size photo affixed to the form above.

1. Surname: \_\_\_\_\_ Christian Name/s: \_\_\_\_\_

2. Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

4. What is the nature of your employment: \_\_\_\_\_

5. When were you saved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Under what Denomination: \_\_\_\_\_

6. Have you been baptised by immersion in water according to Matthew 28:19?

Yes  No

7. Have you received the Holy Spirit according to Acts 2:4?

Yes  No

8. What are your reasons for applying for credentials with the CCA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Which local CCA Church are you a member of:

\_\_\_\_\_

10. Are you familiar with the constitution of the CCA: Yes  No
11. Do you wholeheartedly endorse it (see 1 Corinthians 1:10): Yes  No
12. Have you any views that may conflict with those of the CCA: Yes  No
13. Have you had any experience ministering the Word of God: Yes  No   
(if so give brief description of a separate sheet)
14. Have you ever had the oversight of a Loach Church, Outreach or Mission:  
Yes  No   
If so, Where: \_\_\_\_\_ When: \_\_\_\_\_ How Long: \_\_\_\_\_
15. Have you always worked in harmony with the CCA: Yes  No
16. Are you prepared to co-operate with the General Council and submit to its  
authority: Yes  No
17. Are you willing to undertake further study to improve your ministry:  
Yes  No
18. Are you willing to meet your financial obligations to the general council:  
Yes  No
19. Are you prepared to meet the executive board for further discussion, if required:  
Yes  No

This application must be accompanied, by a reference from the Pastor of the Local Church you attend.

It is understood that the CHRISTIAN WORKER, LOCAL PREACHER, SPECIAL MINISTRY, MINISTER OF THE GOSPEL CERTIFICATE, if granted, will only be valid in the State of \_\_\_\_\_ and for the year of issue. A new certificate will be issued to all active Christian Workers, Local Preachers, Special Ministries and Ministers of the Gospel in good standing at the beginning of each year or as needed. All correspondence should be addressed to the Secretary of the Executive Board.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of local Pastor

FOR OFFICE USE ONLY

Date Considered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Credential Granted/renewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_