

SPECIAL MINISTRY CREDENTIAL APPLICATION FORM

Address: 245 Angas Street, Adelaide, SA 5000

Phone: (08) 8232-5554

E-Mail: cca@cca-churches.com

Website: www.cca-churches.com

Before completing this form:

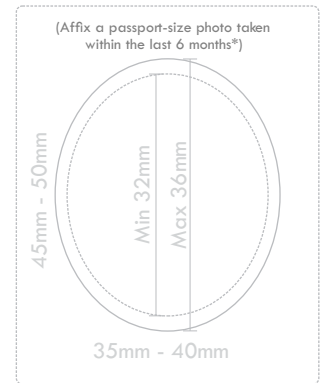
- Please read the Constitution of Christian Church in Australia Inc. (CCA).
- Please read the Ministerial Code of Conduct of Christian Church in Australia.
- Please note that there is an annual fee for an Special Ministry credential with Christian Church in Australia (See page 7).

Then:

- Complete this form using a black or blue pen.
- Submit the original and retain one copy for your records.
- Answer every question or mark it N/A if it is non-applicable.
- Add additional paper if necessary.
- Supply two (2) passport-size photos with this form and the other attachments requested. *If applying electronically, you may upload a passport-style colour photo.

PERSONAL DETAILS

| | |
|--|---|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="text"/> | |
| Last name: <input type="text"/> | |
| First name: <input type="text"/> | |
| Other names: <input type="text"/> | |
| Preferred name: <input type="text"/> | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birth: <input type="text"/> | |
| Full residential address: <input type="text"/> | |
| Postcode: <input type="text"/> | |
| Full postal address (if different from residential address): <input type="text"/> | |
| Postcode: <input type="text"/> | |
| Phone (Home): <input type="text"/> | Phone (Work): <input type="text"/> |
| Phone (Mobile): <input type="text"/> | Email: <input type="text"/> |
| Country of Birth: <input type="text"/> | Nationality: <input type="text"/> |
| Country/countries of citizenship: <input type="text"/> | |
| If you are not an Australian citizen, are you a permanent resident of Australia?: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married | |
| Name of spouse: <input type="text"/> | Number of children: <input type="text"/> |



CHRISTIAN HISTORY

| | |
|--|-------------------------------------|
| Year of conversion (if known): <input type="text"/> | Describe your salvation experience: |
| | |
| Have you been baptised as a believer by full immersion in water? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: <input type="text"/> | |

Have you been baptised in the Holy Spirit with the evidence of speaking in tongues?

Yes No Date: _____

Describe your experience of being baptised in the Spirit and subsequently:

If you are married, is your spouse a believer?

Yes No

Has he/she been baptised in water?

Yes No

WORK HISTORY

Are you currently employed? Yes No

What is your present means of financial support?

What is your trade or profession (if you have one)?

Are you having difficulty meeting any of your financial commitments? Yes No

If so, what efforts are you making to repay your debt(s)?

EDUCATIONAL HISTORY

Schooling: What is your highest completed level of school attainment?

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
 Year 9 or equivalent Year 8 or equivalent Never attended school

Other studies: *(Beginning with your highest level qualification and including ministry/theological studies)*

1. Name of training provider/university/organisation:

Name/nature of course:

Accreditation status of course:

Year commenced: Year completed:

Qualification gained:

2. Name of training provider/university/organisation:

Name/nature of course:

Accreditation status of course:

Year commenced: Year completed:

Qualification gained:

3. Name of training provider/university/organisation:

Name/nature of course:

Accreditation status of course:

Year commenced: Year completed:

Qualification gained:

CHARACTER DETAILS

Have you ever been bankrupt? Yes No

Have you ever been charged or convicted of an offence in Australia or elsewhere? Yes No

Are you currently subject to an unresolved complaint, investigation or charge? Yes No

Are you currently subject to, or have you ever 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 denomination? Yes No

** If you answered yes to any of these questions, please provide full details in an attachment to this form.*

CHILD SAFETY/DUTY OF CARE

It is essential that all CCA Special Ministry credential holders have a current clearance/card/certificate issued by their State Government for Working with Children/Child Safety.

Please provide the reference number of your clearance/card/certificate:

** Please attach a copy of your card/certificate/check.*

Have you completed Working with Children/Childsafe training in the last 3 years? Yes No

** If so, please attach a copy of the certificate issued.*

WORK, MINISTRY OR OTHER RELEVANT EXPERIENCE

1. Nature of experience/ministry:

Organisation/Church:

Location:

Dates:

2. Nature of experience/ministry:

Organisation/Church:

Location:

Dates:

3. Nature of experience/ministry:

Organisation/Church:

Location:

Dates:

If necessary, are you prepared to undertake further study/training to improve your ministry skills? Yes No

How long have you been an active member of a church?

Name the church you currently attend:

How long have you attended your current church?

Current church denominational affiliation:

Size of the congregation: Adults: Children:

Current ministry responsibilities:

REASON FOR APPLYING FOR A CREDENTIAL WITH CHRISTIAN CHURCH IN AUSTRALIA

What is your reason for applying for a credential with Christian Church in Australia?

Do you feel called to a particular ministry, e.g. evangelism, pastoral care, teaching, mission, etc.?

Yes No

If yes, please explain:

Name any location or field of service you have in mind:

Have you ever held ministry credentials with any other denomination?

Yes No

If so, please provide details:

Have you read the Constitution of Christian Church in Australia Inc.?

Yes No

Have you read the Ministerial Code of Conduct of Christian Church in Australia?

Yes No

Do you hold any views or beliefs that may conflict with those of Christian Church in Australia?

Yes No

If so, please explain:

REFEREES

Please supply the names of two ministerial referees who have known you for at least 12 months:

Name:

Denomination:

Phone number:

Postal address:

Postcode:

Email:

Name:

Denomination:

Phone number:

Postal address:

Postcode:

Email:

I give permission for Christian Church in Australia. to contact the above referees for personal and confidential references.

Yes No

DECLARATION

I declare that:

- The information I have supplied above is true and accurate.
- I have read and fully accept the Constitution of Christian Church in Australia Inc.
- I have read and fully accept the Ministerial Code of Conduct of Christian Church in Australia and have attached a signed copy.
- I hereby apply for a Special Ministry credential with Christian Church in Australia.
- If my application is accepted, I will endeavour to comply with the decisions and directives of the Executive Board of Christian Church in Australia.
- If my application is accepted, I will ensure that my Working with Children Police clearance and my Working with Children/Child Safety training are current.
- If my application is accepted, I will pay the Special Ministry fee of \$100 pa unless the senior/lead pastor of the CCA church I attend has advised that the church is making an applicable payment.

Signature: _____

Date: _____

ATTACHMENTS

I have provided two passport-size photos taken within the last 6 months or a suitable passport-style electronic photo.

Yes No

I have attached a copy of my current Working with Children card/certificate/check.

Yes No

I have attached my current Working with Children/Childsafe Training certificate.

Yes No

I have attached a signed copy of Christian Church in Australia's Ministerial Code of Conduct.

Yes No

You may add supporting documents with this application, e.g. Evidence of ministry and/or educational qualifications, references. Please list any that you are adding:

Please return your completed form and attachments to the postal or email address at the top of page 1.

FOR OFFICE USE ONLY

Date considered:

Credential granted:

Credential not granted:

Name of General Overseer

Signature of
General Overseer:

Date:
