

CRC COLLEGE OF MINISTRY

2011 APPLICATION FORM



All Students

Personal Information

Title: Mr / Mrs / Ms / Miss

Gender: Male / Female

Surname: _____

Given Name(s): _____

Residential Address: _____ **P/C:** _____

Postal Address: _____ **P/C:** _____

Telephone Numbers (include all area codes):

(Home) _____ (Work) _____

(Mobile) _____ (Fax) _____

Email Address: _____

Date of Birth: _____ **Occupation:** _____

Marital Status: _____ **Spouse's name (if applicable):** _____

Emergency Contact: _____ **Telephone:** _____

Church currently attended: _____

Church address: _____ **P/C:** _____

Church telephone: _____ **Church fax:** _____

Name of Senior Minister: _____ **Email:** _____

Country of Birth	
How well do you speak English	Very Well / Well / Not Well / Not at All
Do you speak a language at home other than English	Yes / No
If so please specify the language:	
Are you of Aboriginal or Torres Strait Islander Origin?	Yes / No
Do you consider yourself to have a disability, impairment or long term condition?	Yes / No
If so please indicate the area of disability, impairment or long term condition.	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Other	<input type="checkbox"/> Intellectual <input type="checkbox"/> Vision
	<input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition
Which of the following options best represents your highest completed school level	
<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent
<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent
	<input type="checkbox"/> Year 8 or below
	<input type="checkbox"/> Never attended school
In which year did you complete that study? _____	
Are you still at Secondary school?	Yes / No

Tertiary qualifications completed: _____

Other qualifications or certificates: _____

Reason for Study

Please tick any box(es) that might describe your reason for studying with the College

- | | | |
|---|---|---|
| <input type="checkbox"/> Member of a church ministry team | <input type="checkbox"/> Children's work | <input type="checkbox"/> Youth Work |
| <input type="checkbox"/> Pastoral ministry | <input type="checkbox"/> Prophetic ministry | <input type="checkbox"/> Missions Work |
| <input type="checkbox"/> Teaching ministry | <input type="checkbox"/> Church Planting | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Evangelism ministry | <input type="checkbox"/> Apostolic ministry | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Other (please indicate) _____ | | |

Leadership Seminars

Method of Completion (please tick)

- I will be completing the seminars this year OR
 I will only complete some seminars this year

Venue (if known): _____

Student Fees and Assessment (please tick)

- An application fee of \$30 is included with this form
 I agree to pay \$30 at each seminar (\$270 in total)
 I agree to submit assessments to my local course facilitator within two weeks of each relevant seminar being held if it is to be accepted for assessment **unless in the two weeks following it is accompanied by a late fee of \$30 payable to "CRC College of Ministry" or a reason for lateness is acceptable to the course facilitator** i.e. it will not normally be accepted more than 4 weeks past the seminar date unless the course facilitator gains approval from the state training office. Please note that the host church / local course facilitator will be expected to forward fees and student work to the state office no later than FOUR WEEKS after each seminar is held.

Students will not be issued with certificates unless topics have been satisfactorily completed and work will also not be assessed if payments are not up to date.

Privacy

Please note that CRC / ACOM may provide the personal information given on this application form to third parties (such as universities, colleges, accreditation bodies and Australian government bodies e.g. Centrelink) in order to provide you with education services and to assess your academic progress or suitability.

Please indicate, by signing your name, whether you understand and accept this privacy legislation.

Signature: _____ **Date:** _____

For the pastor to complete:

1. How long have you known the applicant? _____

2. Briefly describe your relationship with the applicant: _____

3. Do you support the student's application for this course? _____

Yes / No (please circle)

4. Do you understand that the student must attend classes /watch relevant sessions AND, if a ministry candidate, be personally coached on a regular basis? _____

Signature: _____ Date: _____