



2020

# Application Form for Ministry to Women

**Applications Due by 22 January, 2020**

## PERSONAL INFORMATION

TITLE Place a cross in the appropriate box: Mrs  Miss  Ms

SURNAME \_\_\_\_\_

GIVEN NAME/S \_\_\_\_\_

DATE OF BIRTH / /

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER (1) \_\_\_\_\_ PHONE NUMBER (2) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAMES & AGES OF ANY DEPENDENT CHILDREN \_\_\_\_\_  
\_\_\_\_\_

HOME CHURCH \_\_\_\_\_

PASTOR \_\_\_\_\_ CONTACT DETAILS \_\_\_\_\_

## LIST ANY MINISTRY AREAS YOU HAVE SERVED IN LAST 5 YEARS

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

What are your reasons for applying to undertake Ministry 2 Women training? (Attach extra pages if needed)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### For Your Minister/Pastor To Fill Out

Do you and your Church leaders support this applicant to participate in the 'Word-based' Ministry 2 Women Course?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Will there be an opportunity for the applicant to serve your church in a Ministry to Women? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT of \$380

Cheque  Cash  Mastercard  Visa  Direct Debit (details below)

Credit Card No.

Name: Qld Theological College  
BSB: 014 210  
Acc no.: 304306455

Signature: \_\_\_\_\_ CCV \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ QTC ABN: 43 513 210 677

### DECLARATION

I understand that a refund of this fee may be possible within a certain time frame and on application with the QTC Financial Controller.

I understand that QTC may contact my pastor as listed above for a confidential reference.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Indicate the Number of pages attached if any

**OFFICE USE ONLY** **PROCESSING DATE:**    /    /

TOTAL AMOUNT QTC FEES PAYABLE: \_\_\_\_\_ AMT PAID \_\_\_\_\_ DATE PAID \_\_\_\_\_

CREDIT/EFTPOS CASH CHEQUE DIRECT DBT

BOOK POSTED    /    /