



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 Dr

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)

In order to help us assist you, do you have any physical disabilities or learning difficulties that will require assistance (eg., mobility, hearing, sight)? YES NO

If you have answered 'yes', please provide details on the assistance you will require;

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 \$400

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.

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

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 / /