



2023

# Application Form for Ministry to Women

Applications Due by 27 January, 2023

## 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: \$400 excluding books; \$450 including books and postage**

(Please indicate the amount to be paid by circling the amount above.)

**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.

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

Amount: \_\_\_\_\_

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

<b>OFFICE USE ONLY</b>	<b>PROCESSING DATE:</b> /    /
TOTAL AMOUNT QTC FEES PAYABLE: _____ AMT PAID _____ DATE PAID _____	
CREDIT/EFTPOS CASH CHEQUE DIRECT DBT	
BOOK POSTED    /    /	