

# 2024 Application Form for Ministry to Women

Applications Due by 29 January, 2024

## **Applicant's Details**

TITLE: (Place a cross in the appropriate box):
SURNAME:
GIVEN NAME/S:
DATE OF BIRTH: / /
HOME ADDRESS:
PHONE NUMBER: (1)
EMAIL ADDRESS:
Next of Kin
FULL NAME:
ADDRESS:
PHONE NUMBER:

# **Dependent Children**

NAME	AGE

#### Church

HOME CHURCH:	
PASTOR:	CONTACT DETAILS:
List any ministry areas in which you've served	d in the last 5 years:

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

.....

In order to help us assist you, do you have any phys	sical disabilities or learning difficulties that will
require assistance (eg., mobil-ity, 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?.....

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

•••••••••••••••••••••••••••••••••••••••	
Pastor's Signature:	Date:

### PAYMENT

\* A minimum number of participants are required in order for this program to run. If we don't reach this minimum number, a full refund will be given. 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 NAME: Qld Theological ( BSB: 014 210 ACC#: 304	0
Credit Card Nu	ımber:				
Amount: \$50	00 CCV:	Expiry Date: ·	/ Signa	ture:	•••••
I understand th	nat QTC may con	tact my pastor as li	sted above for a c	onfidential reference.	
Student Signat	ture:			Date: ·····	••••
Please indicate	e how many addi	tional pages you hc	ave attached, if an <u>j</u>	/:	
OFFICE USE ON	NLY		PROCESS	ING DATE: / /	
Total Amount Q	TC Fees Payable:	Amount F	Paid:	Date Paid:	
Credit/EFTP	os 🗌 cash 🗌	CHEQUE Direct	Debit		