

B EXPERIENCE / QUALIFICATIONS

What degrees, diplomas or other professional qualifications do you hold?

DEGREE, DIPLOMA ETC...	NAME OF INSTITUTION	YEARS OF TRAINING	YEAR CONFERRED
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List any positions of special responsibility you have held, and length of time.

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List any areas of special training, experience or interest.

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Provide details of professional associations of which you are a member.

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C CHRISTIAN COMMITMENT

Do you consider yourself to be a true Christian?

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Which Church do you regularly attend?

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Pastor / Minister's Name:

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Phone:

CHURCH

MOBILE

Email Address:

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Address:

No / STREET

SUBURB

STATE

POSTCODE

Give a brief outline of your involvement in your Church and/or other Christian work.

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Referees will be contacted by the College to discuss your suitability for the position you have applied for.

CHARACTER

Name:

Address:

Phone:

Occupation: Email:

What is your association with this referee?

PASTOR / MINISTER

Name:

Address:

Phone:

Occupation: Email:

What is your association with this referee?

PROFESSIONAL

Name:

Address:

Phone:

Occupation: Email:

What is your association with this referee?

I confirm that the above information is correct. I understand that any misleading statements or omissions made by me may be sufficient grounds for cancelling any agreements made.

Signature: Date:

