



**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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DEGREE, DIPLOMA ETC...	NAME OF INSTITUTION	YEARS OF TRAINING	YEAR CONFERRED

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:

.....

Phone:

CHURCH

MOBILE

Email Address:

.....

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:	SURNAME		GIVEN NAMES		
Address:	No / STREET				
	SUBURB		STATE		POSTCODE
	HOME		WORK		MOBILE
Phone:	HOME		WORK		MOBILE
Occupation:			Email:		
What is your association with this referee?					

**PASTOR / MINISTER**

Name:	SURNAME		GIVEN NAMES		
Address:	No / STREET				
	SUBURB		STATE		POSTCODE
	HOME		WORK		MOBILE
Phone:	HOME		WORK		MOBILE
Occupation:			Email:		
What is your association with this referee?					

**PROFESSIONAL**

Name:	SURNAME		GIVEN NAMES		
Address:	No / STREET				
	SUBURB		STATE		POSTCODE
	HOME		WORK		MOBILE
Phone:	HOME		WORK		MOBILE
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:

Outcome of WWCC verification:

Date of verification:

Expiry Date:

**REFEREE 1 - CHARACTER**

Contacted:

YES

Date:

By Whom:

***Summary of Referral*****REFEREE 2 - PASTOR / MINISTER**

Contacted:

YES

Date:

By Whom:

***Summary of Referral*****REFEREE 3 - PROFESSIONAL**

Contacted:

YES

Date:

By Whom:

***Summary of Referral***