UNITING CHURCH IN AUSTRALIA MINISTERIAL EDUCATION COMMISSION

REGISTRATION FOR THE PERIOD OF DISCERNMENT



*An application to the Presbytery of ............................................................................................................................ through the congregation of ...................................................................................................................................... for participation in the Period of Discernment.*

***Return completed form to:***

*The Secretary, Presbytery of ......................................................................................................................................*

*....................................................................................................................................................................................*

PARTICIPANT INFORMATION (refer Uniting Church Privacy Policy)

Surname ........................................................................ Given names .....................................................................

Preferred Title (Ms etc) .................................................. Gender Male Female

Postal Address ............................................................................................. ..............................................................

........................................................................................ Post code............................................................................ Telephone (daytime)...................................................... (Evening) ........................................................................... Mobile ............................................................................ Occupation ........................................................................ E-mail.......................................................................................................................................................................... Age Group  Under 21  21 to 30  30 to 40  40 to 50  50+

Membership of the Uniting Church in Australia

Baptised member  Confirmed member  Member-in-Association  Adherent

Other (Please specify) ........................................................................................................................................

Educational background: [Attach separate page if space is insufficient]

|  |  |  |
| --- | --- | --- |
| Institution | Year | Description of Award |
|  |  |  |
|  |  |  |
|  |  |  |

Are you a permanent resident of Australia?  Yes  No

Conditions apply (from Department of Immigration) to those on student visas or non-residents of Australia. An overseas student on a Visitor or Temporary Visa must be informed about the new ESOS Act.

Is English your first language?  Yes  No

If No give your first language and, if known, details of your English competency test scores.

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Have you ever applied to be a Pastor, Deacon, or Minister of the Word in any church?  Yes  No

If yes, give details: ......................................................................................................................................................

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Have you commenced/completed the Period of Discernment before  Yes  No

Church roles you’ve undertaken (say, in last five years) .............................................................................................

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.................................................................................................................................................................................... Signature of applicant ..................................................................................................Date ............/............/........... *Attach a brief statement (100-200 words) outlining what you hope to achieve as you participate in the Period of*

*Discernment. Give your application to your minister or Church Council for endorsement and forwarding to the*

*presbytery secretary. Also, each participant is to have a mentor appointed by the Presbytery. You need someone who*

*has the ability to help in theological reflection with whom you feel comfortable working with. If you wish to suggest*

*someone, please write that person’s name, address, and daytime phone number, after your brief statement. Tell us if*

*you have discussed this possibility with the person.*

To be completed by the Minister

(or approved person):

Person registering:

..............................................................................

is a member/ member-in-association/adherent

(circle one)

in good standing of the ........................................

........................................................congregation. I am aware of, and support this application

Phone ...................................................................

Name[Print] ..........................................................

..............................................................................

Position.................................................................

Signature ..............................................................

Date .....................................................................

Presbytery Use:

Date registration form received by

.............................................................................. on …............…. /.................……/........................... Mentor ................................................................. Address.................................................................

..............................................................................

.............................................................................. Phone ................................................................... Discernment Plan submitted and approved

.............................................................................. Date of commencement ….....…. /.....……/ ........... Portfolio assessment: .......................................... by.......................................................................... Date …............…. /.................……/ ....................... Presbytery Person & Role receiving registration

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