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) .............................................................................................

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

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