

B EXPERIENCE / QUALIFICATIONS

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

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

List any positions of special responsibility you have held, and length of time.

.....

.....

.....

.....

List any areas of special training, experience or interest.

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

C CHRISTIAN COMMITMENT

Do you consider yourself to be a true Christian?

.....

Which Church do you regularly attend?

.....

Ministers Name:

.....

Phone:

CHURCH

MOBILE

Address:

No / STREET

SUBURB

STATE

POSTCODE

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

.....

.....

.....

.....

.....

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

CHARACTER

Name:	<input type="text" value="SURNAME"/>	<input type="text" value="GIVEN NAMES"/>
Address:	<input type="text" value="No / STREET"/>	
	<input type="text" value="SUBURB"/>	<input type="text" value="STATE"/>
		<input type="text" value="POSTCODE"/>
Phone:	<input type="text" value="HOME"/>	<input type="text" value="WORK"/>
		<input type="text" value="MOBILE"/>
Occupation:	<input type="text"/>	
What is your association with this referee?	<input type="text"/>	

PASTOR / MINISTER

Name:	<input type="text" value="SURNAME"/>	<input type="text" value="GIVEN NAMES"/>
Address:	<input type="text" value="No / STREET"/>	
	<input type="text" value="SUBURB"/>	<input type="text" value="STATE"/>
		<input type="text" value="POSTCODE"/>
Phone:	<input type="text" value="HOME"/>	<input type="text" value="WORK"/>
		<input type="text" value="MOBILE"/>
Occupation:	<input type="text"/>	
What is your association with this referee?	<input type="text"/>	

PROFESSIONAL

Name:	<input type="text" value="SURNAME"/>	<input type="text" value="GIVEN NAMES"/>
Address:	<input type="text" value="No / STREET"/>	
	<input type="text" value="SUBURB"/>	<input type="text" value="STATE"/>
		<input type="text" value="POSTCODE"/>
Phone:	<input type="text" value="HOME"/>	<input type="text" value="WORK"/>
		<input type="text" value="MOBILE"/>
Occupation:	<input type="text"/>	
What is your association with this referee?	<input type="text"/>	

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: