



**Presbyterian Church of Australia in the State of New South Wales**

**PRO FORMA 4.3.1** Revised 10/2009

**APPLICATION FOR CANDIDATURE  
FOR THE MINISTRY**

"Do your best to present yourself to God as one approved, a workman who does not need to be ashamed and who correctly handles the word of truth: 2 Timothy 2:15

**SURNAME:**.....

**GIVEN NAMES:** .....

This form is to be completed by the applicant and submitted to the applicant's session along with any supporting documents (see *Guidelines*).

The session provides certification below of the applicant's communicant membership and attaches a confidential report on his suitability as a deaconess candidate (see Pro Forma 4.1), creating the nucleus of a student file.

This file is sent to the Presbytery, which (after acceptance) incorporates into the file all subsequent relevant results and reports. The file is forwarded to each subsequent Presbytery holding the candidate's jurisdiction.

Upon acceptance, the Presbytery forwards a copy of the Application to the Presbyterian Theological Centre (77 Shaftesbury Road, Burwood, NSW 2134) with advice regarding acceptance and any particular issues of which the PTC ought to be aware. For the Privacy Policy of the PTC, see [www.ptcsydney.org/policy](http://www.ptcsydney.org/policy)

The Presbytery file is subsequently forwarded to each Presbytery to which the candidate is transferred and the PTC is advised of any transfer or other change of status.

**SESSION**

Application received by Session of .....	Date.....
Applicant has been on the Communicants' roll since .....	
Candidature recommended	<input type="radio"/> Yes <input type="radio"/> No.
Clerk.....	Date.....

**PRESBYTERY**

Application received by Presbytery of .....	Date.....
Candidates Review Panel notified	Date: .....
Candidature approved	Date: .....Signature.....Clerk
Application form and student file transferred to	
Presbytery.....	Clerk..... Date.....
Presbytery.....	Clerk..... Date.....
Presbytery.....	Clerk.....Date.....

**PTC**

Deaconess Candidature papers received	Date .....
<input type="radio"/> TEC / Faculty advised	<input type="radio"/> Fees <input type="radio"/> Letter <input type="radio"/> Database

**FAMILY AND CONTACT INFORMATION**

Mailing address:.....  
.....Postcode: .....

Street address (if different):  
.....  
..... Postcode: .....

Contact details: H: ..... W: ..... M: .....  
Fax: ..... email: .....

Date and place of birth: .....

Present employment: .....

If you are not an Australian citizen, specify your status:.....

Marital status  Single  Engaged  Married  Widowed  Divorced

Name in full of husband/fiancée: .....

Date of marriage:.....

Occupation of husband/fiancée:.....

Names (with years of birth) of any children:.....

.....

Do you have any other dependents? Please specify.....

Name and address of your next of kin .....

**CHURCH MEMBERSHIP**

Year and place of baptism:.....

Year and place of first communicant membership:.....

Give a brief history of your church affiliation/membership to the present:

.....  
.....

What official positions have you held in the church?.....

.....

**ACADEMIC RECORD**

Give your highest school award (e.g. HSC), which school and year:.....

.....

With reference to your secondary education, list your last examination results (e.g. your ATAR or UAI):.....

List all the educational institutions that you have attended since high school, and all academic/professional/trade qualifications gained (with dates). Copies of academic transcripts should be attached.....

.....  
.....

**EMPLOYMENT RECORD**

Give a brief history of your employment (dates, job descriptions, employers). Use separate sheet if necessary.....

.....  
.....

Name, address and contact numbers of your present/most recent employer:  
.....  
.....  
.....

**PERSONAL**

Give a brief account of any positions held in the community, including membership in any clubs, societies or professional organisations.

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

List all the organisations and groups (both Christian and secular) in which you have been able to demonstrate your gifts for leadership, and describe briefly what you have done and what you consider to be your special gifts for ministry. Use separate sheet if necessary.....

.....  
.....

List your hobbies, sporting, cultural and recreational interests.

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

List three books (apart from the Bible) which have influenced your thinking and give a brief evaluation of each one (total of 1,000 words). Use separate sheet.

Do you have any problem with any Presbyterian belief or practice? Please give details.....

.....  
What is the attitude of your wife/fiancée to your application?

.....  
.....

**YOUR COMMITMENT AND MINISTRY EXPERIENCE**

In 1,000 words, please give a description of the work of God in your life, noting in particular the convictions and circumstances which led to your decision to make this application. Use separate sheet.

Have you at any time previously applied to be received as a home missionary or candidate to this or any other church or any other Christian organisation?

Yes  No. If Yes, give details.....  
.....

**CRIMINAL RECORD**

For the protection of all, the following question is required by law to be asked.

Have you ever been convicted or charged with a criminal offence which involves  
any offence against a minor person  
an act of violence towards another person  
sexual assault



**PRESBYTERIAN CHURCH OF AUSTRALIA  
in the STATE OF NEW SOUTH WALES**

**PRO FORMA 4.4**

**AUTHORITY TO RELEASE MEDICAL INFORMATION**

I, ..... hereby authorise my family doctor,

Dr.....

of .....

Phone .....

to provide information on my medical history and current state of health to an authorised representative of the Presbytery of .....

I understand that this information is to be used in assessing my suitability for the ministry, and for this use alone.

Signed .....

Witness .....

Dated .....

**PRESBYTERIAN CHURCH OF AUSTRALIA**  
**in the STATE OF NEW SOUTH WALES**  
**PRO FORMA 4.5**

**CANDIDATE FOR THE MINISTRY MEDICAL EXAMINATION**  
**REPORT**

Questionnaire to be completed by the candidate before presenting himself for examination.

Name .....

Address .....

.....

Name and Address of Family Doctor

.....

.....

.....

1. Have you ever suffered from any physical or mental condition requiring attendance at hospital Yes\*/No
2. Have you ever been rejected for, or lost employment on the grounds of being considered medically unfit Yes\*/No
3. How long have you been under your family doctor's care? .....years
4. Have you consulted him on any occasion during the last three years Yes\*/No
5. Have you any personal or family history of mental illness, tuberculosis, diabetes, heart disease, stroke or high blood pressure? Yes\*/No
6. Have you had an X-ray examination during the last three years Yes\*/No
7. Is there any other medical condition of which you are aware which might affect suitability for employment? Yes\*/No
8. Are you currently on any medication? Yes\*/No
9. Is there anything in your past lifestyle that may put you at risk of H.I.V. (AIDS) ? Yes\*/No

\* If the answer to any of these questions is "yes" please give further details on a separate sheet.

I certify that to the best of my knowledge the particulate given above are correct.

Signature ..... Date .....

NB Candidates will be expected to pass urine at the medical examination in a container provided by the examining doctor.

## EXAMINING DOCTOR'S REPORT

Height .....cm Weight(with/without clothes) ..... kg

Blood Pressure ...../.....BMI \_\_\_\_\_ weight (in kg) Normal is 18-25)

				hght2 (in m)
Vision (a) without glasses	R	6/	L	6/
(b) with glasses (if worn)	R	6/	L	6/
(c) Colour vision Normal/Abnormal .....				

Ears, Nose and Throat					Normal	Abnormal
Hearing (method used)					Normal	Abnormal
					If abnormal get formal testimony	
Respiratory System					Normal	Abnormal
Cardio-Vascular System					Normal	Abnormal
Digestive System					Normal	Abnormal
Genito Urinary System					Normal	Abnormal
Locomotion					Normal	Abnormal
Skin					Normal	Abnormal
Psychological condition					Normal	Abnormal
Is there any evidence of Hernia?					No	Yes
Is there any evidence of Varicose Veins?					No	Yes
Is there any physical deformity?					No	Yes
Is there any evidence of Glycosuria?					No	Yes
Is there any evidence of Albuminuria?					No	Yes
Are there any enlarged lymph glands present?					No	Yes

..... Date .....

Details and Comments on any abnormal findings.

List current medications.

In my opinion the candidate is fit/unfit for employment in the pastoral ministry, for which he has applied.

Signature ..... Date .....

Qualifications ..... Official Appointment .....

This Report and Questionnaire to be returned to the Session Clerk of the candidate's church in a sealed envelope.