

CREDENTIAL REVIEW FORM 2017 (DUE DATE 28TH FEBRUARY 2017)

In order to complete this form, you will need to attach:

- A copy of your current Police Check or Working with Children Check, and
- An updated colour photograph of yourself, similar to what you would submit for a passport application. *(This step is optional if you don't want to change the image on your Credential Card)*

In which State do you currently hold your credential?

- NSW/ACT Queensland / Northern Territory South Australia
 Victoria Western Australia Tasmania

Which ACC Credential do you currently hold? OMC PMC SMC

If SMC, please specify Ministry:

Are you an ACCI Missionary? Yes No

Are you a member of the ACC Pastors Emeritus Network, who has retired and held an OMC for more than 10 years? Yes No

Are you of Aboriginal and/or Torres Strait Islander origin? Yes No

Personal Details

Pastor's ID:	Date of Birth:	/	/
Prefix:	Preferred Name:		
First Name:	Last Name:		
E-mail:			
Work Phone:	Home Phone:		
Mobile:	Fax Number:		
Spouse's First Name:	Spouse's Date of Birth: (if applicable)	/	/
Residential Address:			
Suburb:	State:	Postcode:	Country:
Postal Address: (if different to Residential)			
Suburb:	State:	Postcode	Country:

Ministry

Are you currently attending an ACC Church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Employment Capacity:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Attending
Name of your church:				
Ministry Position:				
Start Date:	/	/	Church Suburb:	
Have you attended an ACC State or Regional Meeting in 2016?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date of Attendance:				
Are you an Itinerant Minister?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ministry ABN:	
Name of Itinerant Ministry:				

Working with Children

Certificate /Card No:	Expiry Date:	/	/
Please attached a copy of your Certificate/Card.			
Does your church have a current Child Protection Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What date was the Child Protection Policy formally adopted?			
Have you completed a Child Protection Course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Course Provider:			
Course Venue:	Course Date:	/	/

Declaration and Payment

By submitting this form I declare that the above information is true and correct and that there is no impediment to my credential being renewed. I have no financial debts or situations that could discredit the Movement. Apart from previous written disclosures to the Movement, I have not been charged or convicted for any illegal activity, nor have I been bankrupt or insolvent. I do not hold any doctrines or beliefs that are contrary to the doctrinal basis of the Australian Christian Churches. I am not involved in any behaviour unbecoming of a minister of the gospel, e.g. domestic violence, drunkenness, or sexual indiscretion.

- I have read and agree to abide by the ACC doctrine, United Constitution including State By-laws and policies including the Ministerial Code of Conduct and Child Protection Policy.
- I give ACC permission to disclose information contained in this form with the church I have noted above, in order to verify my ministry status or other aspects of my service.

If you are unable to make this declaration, please contact your Regional Leader / State Secretary to discuss. Please Note: The National Executive retains the right to remove your credential if any of the above information proves to be false or misleading in any way.

Signature:	Date:	/	/
------------	-------	---	---

Some Pastors have indicated they have no use for a physical Credential Card.

Would you like to receive a Credential Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If you select 'No', other electronic proof of current Credential can be provided.</i>
--	------------------------------	-----------------------------	--

For payment details and options, please complete and return the following page (3).

Please indicate your chosen payment method	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Deposit	<input type="checkbox"/> Credit Card
--	---------------------------------	---------------------------------------	--------------------------------------



PASTOR DUES PAYMENT AUTHORISATION FORM - ACCIM

Pastor's ID:	Date of Birth:	/	/
First Name:	Last Name:		

Dues

OMC ONLY 2017 & 2018	<input type="checkbox"/> 2 Years: \$297.00	<input type="checkbox"/> OMC
2017	<input type="checkbox"/> 1 Year: \$165.00	<input type="checkbox"/> OMC <input type="checkbox"/> PMC <input type="checkbox"/> SMC
Overdue 2016 & 2017	<input type="checkbox"/> 2 Years: \$330.00	<input type="checkbox"/> OMC <input type="checkbox"/> PMC <input type="checkbox"/> SMC

Payment Method

<input type="checkbox"/> Cheque/Money Order	<i>Please make payable to: Australian Christian Churches</i>
<input type="checkbox"/> Bank Transfer	<p>Our account details Australian Christian Churches BSB: 063 146 Account Number: 1039 1792 Reference: Please enter your Pastor's ID</p> <p><i>Please note: Referencing payment to Pastor's ID is essential for tracing your payment.</i></p>
<input type="checkbox"/> Credit Card	<input type="radio"/> Visa Card <input type="radio"/> MasterCard <input checked="" type="radio"/> Amount: AUD\$
Name on Card	
Card Number	Expiry: / CVC:
Billing Details Address:	
Suburb:	Postcode: State:
Country: <i>(If not Australia)</i>	Phone:
I authorise Australian Christian Churches (ABN: 58123514361) to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.	
Signature:	Date: / /

Submit your form to ACC

Mail PO Box 8093 Baulkham Hills BC, NSW 2153 **Fax** +61 2 8853-5100