

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, No 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

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 Birt	cable)	/	/	
Residential Address:						
Suburb:	State:	Postcode:		Country:		
Postal Address: (if different to Residential)						
Suburb:	State:	Postcode		Country:		

Ministry

Are you currently attending an ACC Church?	Yes	□ No				
Employment Capacity: Full-Time	Part-Time	☐ Volunte	er 🗌 A	ttending		
Name of your church:						
Ministry Position:						
Start Date: / /	Church Suburb:					
Have you attended an ACC State or Regional Me	eeting in 2016?	Yes	□ No			
Date of Attendance:						
Are you an Itinerant Minister?	☐ No Minis	stry ABN:				
Name of Itinerant Ministry:						
Working with Child	ren					
Certificate / Card No:			Expiry Date	e:	/	/
Please attached a copy of your Certificate/Card.						
Does your church have a current Child Protectio	n Policy?	Yes	□ No			
What date was the Child Protection Policy forma	ally adopted?					
Have you completed a Child Protection Course?		Yes	□ No			
Course Provider:						
Course Venue:			Course Dat	ie:	/	/
Declaration and Pay By submitting this form I declare that the above information		I that thora is no	impodiment to	, my crodont	tial boing r	prowed I have
on ofinancial debts or situations that could discredit the Move convicted for any illegal activity, nor have I been bankrupt o Australian Christian Churches. I am not involved in any beha indiscretion.	ement. Apart from prev r insolvent. I do not hold	ious written disc d any doctrines	closures to the I or beliefs that a	Movement, I are contrary	have not b to the doc	een charged or trinal basis of the
 I have read and agree to abide by the ACC doctrine, Unite and Child Protection Policy. 	ed Constitution including	g State By-laws	and policies inc	luding the M	1inisterial (Code of Conduct
 I give ACC permission to disclose information contained in aspects of my service. 	n this form with the chu	rch I have noted	d above, in orde	r to verify m	ny ministry	status or other
If you are unable to make this declaration, please contact yo the right to remove your credential if any of the above inform				e Note: The I	National Ex	kecutive retains
Signature:		Date:	/ /	,		
Some Pastors have indicated they have no use for	r a physical Credent	ial Card.				
Would you like to receive a Credential Card?		Yes		ı select 'No', rrent Creder		tronic proof provided.
For payment details and options, please comple	ete and return the f	ollowing pag	je (3).			
Please indicate your chosen payment method		Cheque	Bank D	eposit [Credit	Card



Dues

OMC ONLY 2017 & 2018	2 Years: \$308.00	□ OMC		
2017	1 Year: \$170.50	OMC	☐ PMC	☐ SMC
Overdue 2016 & 2017	2 Years: \$341.00	□ омс	☐ PMC	☐ SMC

Payment Method

Cheque/Money Order Ple	ease make payable to: Australian Christian Churches
□ Bank Transfer Date: / / 2017	Our account details Australian Christian Churches BSB: 063 146 Account Number: 1039 1792 Reference: Please enter your Pastor's ID Referencing payment to Pastor's ID is essential for tracing your payment.
☐ Credit Card	○ Visa Card
Name on Card	
Card Number	Expiry: / CVC:
Billing Details Address:	
Suburb:	Postcode: State:
Country: (If not Australia)	Phone:
	rches (ABN: 58123514361) to charge the amount listed above to the credit card provided herein. I agree to pay for the issuing bank cardholder agreement.
Signature:	Date: / /

Submit your form to ACC