

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:	/	/
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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>
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**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
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## PASTOR DUES PAYMENT AUTHORISATION FORM - QLD/NT

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

### Dues

<b>OMC ONLY</b> 2017 & 2018	<input type="checkbox"/> <b>2 Years: \$363.00</b>	<input type="checkbox"/> OMC		
2017	<input type="checkbox"/> <b>1 Year: \$198.00</b>	<input type="checkbox"/> OMC	<input type="checkbox"/> PMC	<input type="checkbox"/> SMC
<b>Overdue 2016 &amp; 2017</b>	<input type="checkbox"/> <b>2 Years: \$396.00</b>	<input type="checkbox"/> OMC	<input type="checkbox"/> PMC	<input type="checkbox"/> SMC

### Payment Method

**Cheque/Money Order** *Please 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**

**Please note:**  
Referencing payment to Pastor's ID is essential for tracing your payment.

**Credit Card**       **Visa Card**       **MasterCard**      **Amount:** AUD\$

Name on Card

Card Number      Expiry: /      CVC:

Billing Details Address:

Suburb:      Postcode:      State:

Country: (If not Australia)      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