

**CREDENTIAL REVIEW FORM 2020 (DUE DATE 28TH FEBRUARY 2020)**

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

- A copy of your State issued 'Working With Children' check, and
- an updated colour photograph of yourself, similar to what you would submit for a passport application, for printing on your Credential Card *(This step is optional, however if your photo is more than 5 years old please submit an updated photo).*

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:				
Has your marital status changed since your Credential/Certificate was last renewed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes please describe the change to your marital status:</i>					
Spouse's First Name:	Spouse's Date of Birth: <i>(if applicable)</i>	/	/		
Postal Address:					
Suburb:	State:	Postcode:	Country:		
Residential Address: <i>(if different to Postal)</i>					
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:				
Name of Senior Pastor: <i>(if yourself, leave blank)</i>				
Ministry Position:				Start Date: / /
Church Suburb:	Church State:	Church Country:		
Have you attended an ACC State or Regional Meeting in 2019?	<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 <b>ATTACH</b> a copy of your Certificate/Card/check reference number				
Have you completed a Child Protection Course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name of Course:				
Where completed:				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 in relation to my credential to any church in which I minister or serve during the credential period, 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 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 - SOUTH AUSTRALIA

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

### Dues Amounts include National & State Dues, Postage & Handling and GST.

<b>OMC ONLY</b> 2020 & 2021	<input type="checkbox"/> <b>2 Years: \$253.00</b>	<input type="checkbox"/> OMC	*Discount for payment in advance	
2020	<input type="checkbox"/> <b>1 Year: \$143.00</b>	<input type="checkbox"/> OMC	<input type="checkbox"/> PMC	<input type="checkbox"/> SMC
<b>Overdue 2019 &amp; 2020</b>	<input type="checkbox"/> <b>2 Years: \$286.00</b>	<input type="checkbox"/> OMC	<input type="checkbox"/> PMC	<input type="checkbox"/> SMC

*Discount not applicable when overdue*

### Payment Method

**Cheque/Money Order** Please make payable to: Australian Christian Churches

**Bank Transfer**

**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.

Date:     /     /

**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