

# Application Form

Please completely fill out all requested information and return this form by 1st November, 2019.

## Personal Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_ M \_\_ F \_\_ Single \_\_ Married

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postcode \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Educational level:  High School (or equivalent)  TAFE (subject(s) \_\_\_\_\_ )  
 University (number of years \_\_\_\_\_ )

Current Employer \_\_\_\_\_

Language: I read English  fluently  well  fairly  poorly

I understand English  fluently  well  fairly  poorly

I speak English  fluently  well  fairly  poorly

Besides English, I speak \_\_\_\_\_  fluently  well  fairly

I am a member of the *Seventh Day Adventist Reform Movement* church in:

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

## Medical Information

Do you have any allergies?  Yes  No If yes, specify: \_\_\_\_\_

Do you have any medical condition that may affect your ability to participate in strenuous physical activities or extended periods of study?  Yes  No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

## International Applicants additional information

(For applicants outside Australia only)

Passport number: \_\_\_\_\_ Issuing country: \_\_\_\_\_

Passport expiry: \_\_\_\_\_ Date of birth (day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application Questions

*Feel free to use an additional sheet of paper for your answers.*

1. Previous and present religious experience—religious background and brief testimony:

2. Reason for attending the training program:

3. What do you expect in this program?

4. What do you plan to do as a result of your training?

5. What are you willing to sacrifice to be a worker in the Lord's vineyard?

6. Why should we accept you as a student?

## Student Commitment

I am willing, by the grace of the Lord, to comply with the rules of the missionary training program and to be in attendance to the entire program from beginning to end.

\_\_\_\_\_  
*Signature of Applicant*

## Recommendation

To be completed by SDA Reform Movement minister or elder: I \_\_\_\_\_, minister/elder in \_\_\_\_\_ Field / Union, have read the above, am in wholehearted agreement, and recommend that \_\_\_\_\_ attend the Missionary Training Program.

\_\_\_\_\_  
*Signature (required)*

## Application Submission

Please post, fax or scan & email your application to:

Elim Missionary College  
PO Box 132  
Riverstone, NSW 2765 AUSTRALIA

**Fax:** Australia: (02) 9627-7554  
International: +61-2-9627-7554  
**Email:** emc@sdarm.org.au

**Note:** After approval of your application, you will be given specific instructions on getting ready for class. In the mean time you should begin by reading the book *Gospel Workers* in preparation for your assignments.

**Office Use Only.** Received: \_\_\_/\_\_\_/\_\_\_ Reviewed: \_\_\_/\_\_\_/\_\_\_ Approval:

Notes:

# Parental Consent Form

Required for all participants under 18 years of age

This page is to be completed for any applicant born after the 1<sup>st</sup> of February, 2002.

## Personal Identifying Information

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

## Parental Consent

Required for all participants under 18 years old:

I hereby give permission to the applicant named above to participate in the Missionary Training Program of Elim Missionary College.

I also nominate a responsible person (see below)  Yes  No

Name of Parent/Guardian: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Emergency contact information: (Mobile phone) \_\_\_\_\_

(email) \_\_\_\_\_ (Home phone) \_\_\_\_\_

## Responsible Person (if required)

A responsible person is an adult person who is nominated, with their consent, to assist in the supervision of the child named above. If the parent or guardian wishes to appoint a responsible person, they should mark Yes above and fill in the name below. The responsible person must then sign below in acknowledgment of this arrangement:

Full name of responsible person: \_\_\_\_\_

Signature of responsible person: \_\_\_\_\_

Please post or scan & email with your application to:

Elim Missionary College  
PO Box 132  
Riverstone, NSW 2765  
AUSTRALIA

[emc@sdarm.org.au](mailto:emc@sdarm.org.au)