

Please completely fill out all requested information and return this form by 1st November, 2021.

Personal Details		
First Name:	Surname:	
Age: Date of	Birth:/ Gender:MFSingleMarried	
Postal Address:	City:	
State/Province:	PostcodeCountry:	
Telephone: () _	E-mail address:	
] High School (or equivalent) TAFE (subject(s))] University (number of years)	
I unde	English	
Beside	s English, I speak	
I attend the Seventh I	Day Adventist Reform Movement church in:	
City: _	State / Province:	
Character referen	ce attached (including how long and how they know you)	
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 Applica	nts 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?		

Student Commitment	
	ord, to comply with the rules of the missionary ndance to the entire program from beginning to end.
	Signature of Applicant
Recommendation	
minister/elder in	ement minister or elder: I, Field / Union, have read the above, am in ommend that attend the Signature (required)
Application Submission	
Please post, fax or scan & email your applica	ation 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
	n, you will be given specific instructions on getting ready egin by reading the book <i>Gospel Workers</i> in preparation for
Office Use Only. Received:// Notes:	_ Reviewed:/Approval:

6. Why should we accept you as a student?



Parental Consent Form

Required for all participants under 18 years of age

This page is to be completed for any applicant born after the 5th of February, 2004.

Personal Identifying Infor	mation
First Name:	Surname:
Date of Birth: (day)	(month) (year)
Parental Consent	
Required for all participants und	er 18 years old:
I hereby give permission to the a Program of Elim Missionary Co	applicant named above to participate in the Missionary Training llege.
I also nominate a responsible pe	erson (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 re	equired)
supervision of the child named a	t person who is nominated, with their consent, to assist in the above. If the parent or guardian wishes to appoint a responsible above and fill in the name below. The responsible person must then of this arrangement:
Full name of responsible person	ı:
Signature of responsible person	:
Please post or scan & email with	th your application to:
Elim Missionary College PO Box 132 Riverstone, NSW 2765 AUSTRALIA	emc@sdarm.org.au