



OFFICIAL WORKERS LICENCE APPLICATION

Licence Information

For which ministry are you applying to be licensed? _____

When did you/will you begin your ministry? _____

PERSONAL INFORMATION

Name *(Listed in Passport)*: _____

Other Names *(I.E. English names)*: _____

Address: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Name of Spouse *(if married)*: _____ *(Full Name)*

Date of Marriage: _____

Name of Fiancé *(if engaged)*: _____ *(Full Name)*

If engaged when do you plan to marry? _____ *(If Known)*

If divorced, widowed or separated, please give details: *(If divorced, and/or remarried, please read the Alliance position on Divorce and Remarriage found in the Alliance Constitution (By Law 5)*



If you have children, please list their details below:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Is your spouse/fiancé in support of this application: Yes No

Do you have you any unmanageable debts that could hinder your ministry: Yes No

If "yes" please explain:

Do you have any history of financial problems? Yes No

If "yes" please explain:

Is anyone dependant on you for support? Yes No.

If "yes" please explain:

What are your views of gambling? (Including Lotto tickets, etc)

Are you a user of alcohol, tobacco or drugs? Yes No

Would you be prepared to give up these habits if asked to? Yes No





List any physical, spiritual, emotional or mental conditions which may hamper your

ministry: _____

EDUCATION

Please list all post-secondary education including all forms of theological education

Names of Institution	Location	From	To	Qualification
_____	_____	_____ / _____	_____	_____
_____	_____	_____ / _____	_____	_____
_____	_____	_____ / _____	_____	_____

(Please attach a copy of academic transcripts in all relevant cases)

What is your main language (mother tongue) and what other languages do you speak?

Have you learnt to play a musical instrument? Yes No

Are you still proficient with these instruments? Yes No

Have you any other qualifications not listed previously? Yes No *(If so, please list below)*



PROFESSIONAL

Please make a chronological listing of all jobs, businesses owned, and paid ministry positions you have held:

List any professional or business awards you have received

RECREATION

List any sports, hobbies, or community activities you are involved in

List any awards you have received for the activities above



CHRISTIAN VIEWS & EXPERIENCE

Please familiarise yourself with the Oral Questionnaire for Licenced Workers before proceeding.

To your knowledge, do you have any Christian views in variance with the Alliance?

Yes No

If Yes, please explain briefly what these are: (use additional sheets if required)

Attach a 1-2 page account of your conversion, and any other significant experiences in your spiritual development. Include a paragraph on your call to ministry.

Please attach to this document.

What is home Church (where your membership is held):

How long have you been at that church?

List chronologically the churches in which you have been actively involved with during the past ten years:

<i>Name</i>	<i>Years</i>	<i>Involvement</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Are you ordained? Yes No

If Yes: When: _____ Where: _____

By what authority? _____

Briefly explain the pattern of your devotional life in relation to Bible Study, Prayer, etc

What resources (books, courses, etc) have been influential in your spiritual development?

Give a brief account of any training and experience you have in personal evangelism:

Do you have any cross cultural ministry experience? Yes No *If Yes, please explain below*





REFERENCES

List below three people who know you well. Include your most recent Pastor (if possible):

Pastor: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Police Clearance: All candidates are required to obtain a Police Clearance. This will be handled by our National Office who may need to contact you for more details. International applicants will require a Police Clearance from their country of citizenship for immigration purposes.

Applicants Signature: _____ **Date:** _____



OFFICE USE ONLY

Received by: _____ Date Received: _____

Distributed to L&O Committee? Yes No Date Distributed: _____

L&O Meeting Date to be discussed at: _____

L&O Action recommended: _____

References Checked: Yes No Comments: _____

Date National Leadership Team advised of final L&O recommendation: _____

Date Applicant advised of L&O Recommendation: _____

Additional Comments: _____

Date Licence Issued: _____

