

MINISTRY ACCREDITATION APPLICATION PARTS 2 AND 3





PART 2 — STATEMENT FROM APPLICANT'S EMPLOYER

To be filled out by the Senior Minister (or Board Chairman in the case where the applicant is the Senior Minister).

Any questions please contact the COCWA Church and Ministry Support Team on 9471 8500.

STRICTLY CONFIDENTIAL

We the Elders/Leadership Team of the	
	Insert the name of the Church of Christ Church or Affiliated Agency
support the application of	
	Insert the name of the applicant
for accreditation with Churches of Christ in WA.	
The Applicant was appointed by our church/agency on _	
The Applicant was appointed by our church/agency on _	Insert date
in the role of	
Signed:	
Name:	Date:



PART 3 — PERSONAL REFERENCE 1

To be filled out by a person (not a family member) who has known the applicant for at least two years.

If necessary please attach your responses on additional sheets.

REFEREE		
Full Name:		
Address:		
	H/W	
Email:		
Preferred time that we may contact y	ou with regards to this application?	AM/PM
APPLICANT		
Full Name:		
Position:		
	the applicant, and any relevant qualifica	



Please provide your observations concerning the applicant's abilities in the areas below. Please select one item per line.

	Not Observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual life						
Ability to work with others						
Initiative						
Creativity/imagination						
Interpersonal skills						
Conflict resolution skills						
Self-confidence						
Self-motivation						
Oral communication						
Written communication						
Quality of work						
Intellectual ability						
Problem-solving skills						
Counselling skills						
Leadership skills						
Administrative skills						
Vision for ministry						
Family relationships						
Clarity of goals						
Ability to cope with change						
Ability to manage change						
Care of self						



How long have you known the applicant, and in what capacity?
What is the applicant's potential for continued growth in ministry?
What are the applicant's strengths in ministry?



In what areas could his/her ministry be improved?	
Additional comments	
Signature:	Date:

The completed Personal Reference should be sent by the referee to: Churches of Christ in WA PO Box 458 Dianella WA 6059 Or by hand to 22 Plantation Street Menora WA 6050 Or email admin@cocwa.com.au



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MINISTRY ACCREDITATION APPLICATION

PART 3 — PERSONAL REFERENCE 2

To be filled out by a person (not a family member) who has known the applicant for at least two years.

If necessary please attach your responses on additional sheets.

Full Name:			
Address:			
Telephone:			
Email:			
Preferred time that we may contact you with regards to this application?AM/PM			
APPLICANT			
Full Name:			
Position:			
Please outline your relationship with the applic your being a referee.	cant, and any relevant qualificat	tions or experience which is relevant to	



Please provide your observations concerning the applicant's abilities in the areas below. Please select one item per line.

	Not Observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual life						
Ability to work with others						
Initiative						
Creativity/imagination						
Interpersonal skills						
Conflict resolution skills						
Self-confidence						
Self-motivation						
Oral communication						
Written communication						
Quality of work						
Intellectual ability						
Problem-solving skills						
Counselling skills						
Leadership skills						
Administrative skills						
Vision for ministry						
Family relationships						
Clarity of goals						
Ability to cope with change						
Ability to manage change						
Care of self						



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In what areas could his/her ministry be improved?	
Additional comments	
Signature:	Date:

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