



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 _____
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: _____

Telephone: _____ H/W _____ M _____

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 applicant, and any relevant qualifications or experience which is relevant to your being a referee.

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

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.

REFEREE

Full Name: _____

Address: _____

Telephone: _____ H/W _____ M _____

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 applicant, and any relevant qualifications or experience which is relevant to your being a referee.

How long have you known the applicant, and in what capacity?

What is the applicant's potential for continued growth in ministry?

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In what areas could his/her ministry be improved?

Additional comments

Signature: _____ Date: _____

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