2019 MINISTRY EDUCATION PROGRAM APPLICATION FORM
TCTS Ministry Education Centre (MEC)

Title: ___________    First name: __________________  Preferred name: ________________________
Family name: ____________________________________________
Mobile: __________________   Email: _________________________

LIFE EXPERIENCE
What work experience (paid or not) have you been engaged in?
________________________________________________________
________________________________________________________
List any special interests / abilities:
________________________________________________________
________________________________________________________

MINISTRY EXPERIENCE
What is your experience in Christian ministry to date?
________________________________________________________
________________________________________________________
What future ministries are you planning to train for (if known)?
________________________________________________________
________________________________________________________

REFEREE’S NAME, PHONE and EMAIL (preferably your parish priest):
________________________________________________________
________________________________________________________

PLEASE ANSWER THE FOLLOWING:
What stage will you be at in 2019? ☐ Ordinand  ☐ Year of Discernment  ☐ Enquirer
Which is your home Diocese?
☐ Melbourne  ☐ Ballarat  ☐ Bendigo  ☐ Gippsland  ☐ Wangaratta  ☐ ____________
Will you be studying:  ☐ full time or ☐ part time?  If part time, how many units? __________

WORKING WITH CHILDREN CHECK
Do you have a current Working with Children card?  ☐ Yes  ☐ No
If “No”, you should apply online at: www.workingwithchildren.vic.gov.au

PERMISSIONS
I give permission for photographs of me taken at College events to be used for reporting, news items, promotion and publicity purposes by Trinity College:  ☐ Yes  ☐ No

PLEASE COMPLETE THE SEPARATE SCHOLARSHIP FORM TO BE CONSIDERED FOR A STUDENTSHIP.

Signature: _______________________________   Date: __________________