



## 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](http://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: \_\_\_\_\_