



2018 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 2018? 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: _____