



## Registration for the Period of Discernment

### UNITING CHURCH IN AUSTRALIA

### MINISTERIAL EDUCATION COMMISSION

An application to the Presbytery of Moreton Rivers through the  
Congregation of \_\_\_\_\_ for participation in the Period of Discernment.

Completed forms are to returned to

Rev Fa Matangi  
Period of Discernment  
Uniting Church in Australia  
PO Box 193  
Ashgrove Qld 4060

OR

podcoordinator@moretonriverspresbytery.org.au

### PARTICIPANT INFORMATION (refer Uniting Church Privacy Policy)

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Preferred Title (Ms etc) \_\_\_\_\_ Gender  Male  Female

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Age Group [ • ]  Under 21  21 to 30  30 to 40  40 to 50  50+

### Membership of the Uniting Church in Australia

Baptised member  Confirmed member  Member-in-Association  Adherent

Other (Please specify) \_\_\_\_\_

Educational background: [Attach separate page if space is insufficient]

Institution Year Description of Award

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a permanent resident of Australia?  Yes  No

Conditions apply (from Dept. of Immigration) to those on student visas or non-residents of Australia.

An overseas student on a Visitor or Temporary Visa must be informed about the new ESOS Act.

Is English your first language?  Yes  No



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If No give your first language and, if known, details of your English competency test scores.

Have you ever applied to be a Lay Pastor, Deacon, Minister of the Word or Youth Worker in any church?

Yes  No If yes, give details: \_\_\_\_\_

Have you commenced/done the Period of Discernment before?  Yes  No

Church roles you've undertaken (say, in last five years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach a brief statement (100-200 words) outlining what you hope to achieve as you participate in the Period of Discernment. Give your application to your minister or Church Council for endorsement and forwarding to the Presbytery Office. Also, each participant is to have a mentor appointed by the Presbytery. You need someone who has the ability to help in theological reflection and someone with whom you feel comfortable working. If you wish to nominate (ie suggest) someone, please write that person's name, address, and daytime phone number, after your brief statement. Tell us if you have discussed this possibility with the person.

To be completed by the Minister (or approved person):

Person registering: \_\_\_\_\_ is a member/ member-in-association/adherent (circle one) in good standing of the \_\_\_\_\_ congregation.

I am aware of, and support this application. Phone \_\_\_\_\_

Name[Print] \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Presbytery Use:

Date registration form received by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Mentor \_\_\_\_\_ Address/Phone \_\_\_\_\_

Learning Plan submitted and approved \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of commencement \_\_\_\_/\_\_\_\_/\_\_\_\_

Portfolio assessment: by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Presbytery Person & Role receiving registration

\_\_\_\_\_

