

Accreditation Process Application Form

For Endorsed Ministers

Accreditation is a process that ensures all Ministers in CCVT meet an appropriate level of personal, spiritual, and leadership formation and are supported by participation in regular external supervision and professional development. Endorsed Ministers have already met the majority of the requirements of Accreditation, therefore this is a streamlined form.

Affiliated Church or Agency's Application for Accreditation

To be completed by the church or agency, not the minister.

Please accept the enclosed application for accreditation for:

Name: _____

Church/Organisation: _____

_____ Date started

Position Title: _____

Type of position: Paid or Volunteer, Full-time or Part-time, Retired

If part-time or retired, number of hours per week: _____

Email: _____

Daytime Phone: _____

Mobile: _____

Postal Address: _____

- We confirm that the applicant is a Minister at our Church/Agency;
- Or we confirm that the applicant is an active member of our Church/Agency and are in Ministry external to our Church/Agency (e.g. a chaplain, agreed secondment, Intentional Interim Ministry)
- We agree to support the applicant in participating in regular external supervision.
- We agree to support the applicant in participating in professional development.

Any other relevant information: _____

If completing the form electronically please type your full name below to sign:

Signed by: _____

Date: _____

Position/Title: _____

Church/Agency: _____

Minister's Application for Accreditation

To be completed by the minister.

Statement of Compliance

Please indicate your acceptance of the [CCVT Code of Ethics for Ministers](#) and suitability for Ministry in CCVT by clicking on the statements below and entering your name and date:

- I have read and understood the CCVT Code of Ethics for Ministers and I agree to always uphold the minimum standards of behaviour described in it.
- I understand that disciplinary measures may be taken by the church if I am found to be in breach of the Code of Ethics. This will include reporting to legal or statutory authorities where relevant.
- I have never been disqualified or dis-endorsed as a Minister and I have not done anything likely to reflect adversely on my character or whether I am a fit and proper person.
- I am not aware of any matter or circumstance that might affect my suitability to be appointed as a Minister.
- No disciplinary action of any sort has ever been taken against me by a church denomination, local congregation, professional association or educational/training institution and there are no complaints pending against me before such bodies.
- I have never had a civil suit brought against me in relation to my employment in ministry or other professional occupation.
- I have never been charged with the police in relation to my employment in ministry or other professional occupation and I do not have any charges pending.
- I consent to my affiliated church/agency and/or Churches of Christ in Victoria and Tasmania Inc making inquiries of, and exchanging information with, other internal and external organisations as to whether any matter in respect of alleged misconduct relates to me.
- I certify that to the best of my knowledge, the information in this statement is correct.

The reason I am unable to check one of the boxes above is:

If completing the form electronically please type your full name below to sign:

Signed:

Name:

Date:

Accreditation Requirement	No	Yes	Details
Completed Safe Church Awareness Workshop (if yes, provide date and location)	<input type="checkbox"/>	<input type="checkbox"/>	Date and Location:
Completed Staying Healthy in Ministry Seminar	<input type="checkbox"/>	<input type="checkbox"/>	Date and Location:
Attached National Police Check (less than 3 years old)	<input type="checkbox"/>	<input type="checkbox"/>	
Have a Working With Children/Vulnerable People Check	<input type="checkbox"/>	<input type="checkbox"/>	Number and expiry date:
Commit to participate in regular external supervision	<input type="checkbox"/>	<input type="checkbox"/>	Existing Supervisor's name and organisation:
Commit to participate in 40 hours per year (or pro rata) of Professional Development	<input type="checkbox"/>	<input type="checkbox"/>	
Attached digital photo for use on my Accreditation card	<input type="checkbox"/>	<input type="checkbox"/>	
If retired: I am available for casual, interim or itinerant ministry.	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Signature

Please accept my application for accreditation. The information included on this form is true and correct to the best of my knowledge at the date of signing.

If completing the form electronically please type your full name below to sign:

Signed:

Name:

Date:

Send To

Email to: leadership@churchesofchrist.org.au, subject line: "Confidential – Accreditation Application"

Or, **Mail to:** Accreditation Processing Officer, Churches of Christ in Victoria and Tasmania, PO Box 5302 South Melbourne, Vic 3205, Australia.

If you have any questions or concerns please contact CCVT on 03 9488 8800.