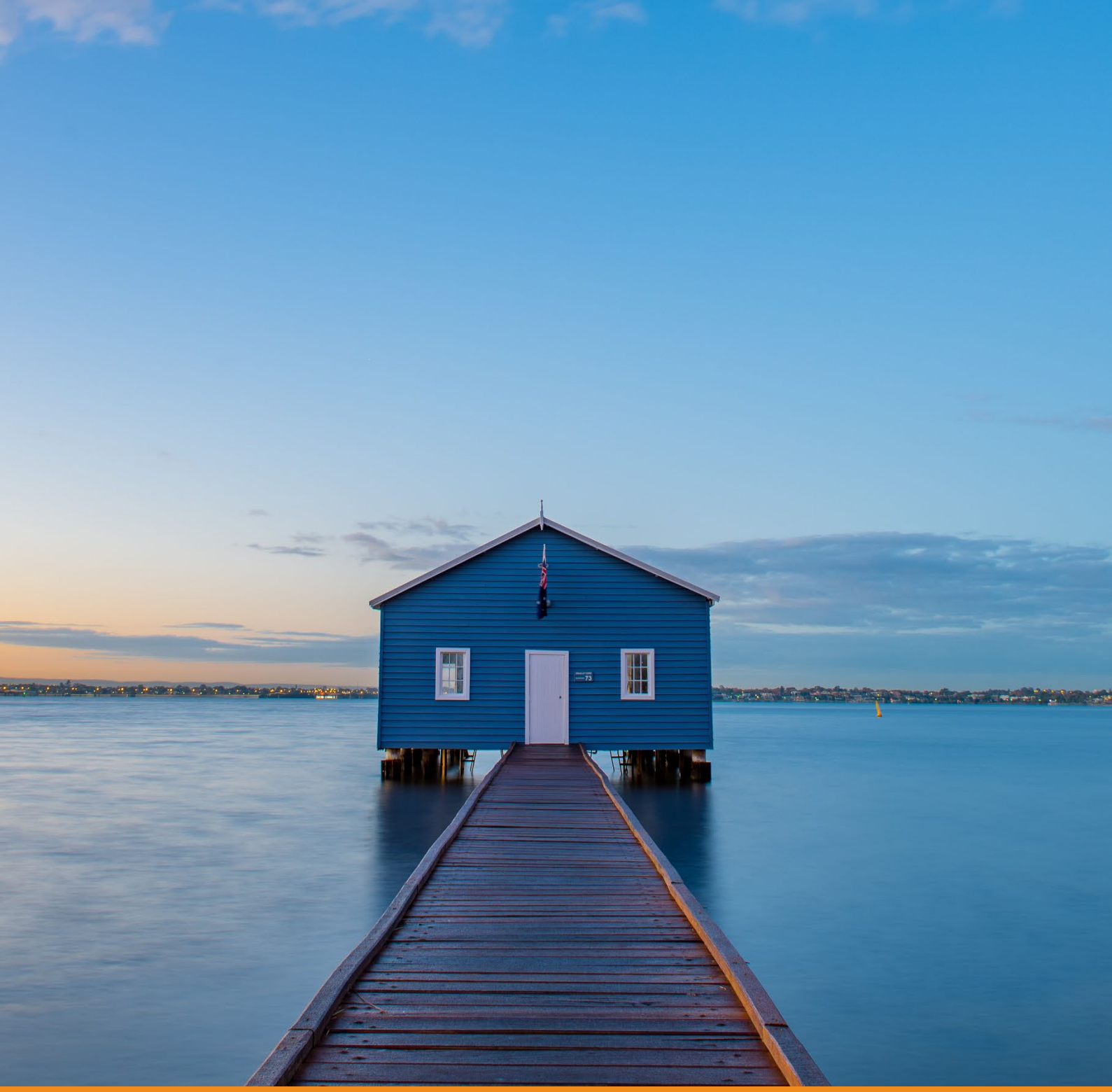


MINISTRY ACCREDITATION APPLICATION

Churches of Christ
in Western Australia Inc

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Churches of Christ in Western Australia Inc

MINISTRY ACCREDITATION APPLICATION

INTRODUCTION

Ministry Accreditation is an initiative to help create public confidence in the character, calling and competence of Churches of Christ ministers. It is also a means by which the Association can serve elders/boards in the appointment, accountability and support of ministry staff. It is a requirement that Senior Ministers should obtain Ministry Accreditation. Churches of Christ in WA ("COCWA") desires to maintain a means of promoting high standards of ministry practice.

The Board of Churches of Christ in WA ("The Board") has the power to grant accreditation to Ministers who fulfil the requirements of Ministry Accreditation for Churches of Christ in WA Inc, as stated from time to time in the COCWA Ministry Policies.

Application for accreditation is open to all current full time or part time Ministers who are employed by a Church of Christ in WA.

Prior to submitting your application, you are required to read the following documents attached to this application- **Professional & Ethical Standards of Ministry Applicable to Ministers & Chaplains of Churches of Christ in WA and Procedure for Investigating Complaints.**

PROCESS

1. Please complete Part 1 of the application form.

2. Provide Part 2 to your Senior Minister to complete (or Board Chairperson in the case where you are the Senior Minister)

3. Provide Part 3 to each of your referees. One of which should be from your most recent previous ministry board/chairperson.

4. Once COCWA has received all of your application components, you will be contacted by a Church & Ministry Support team member. They will arrange to meet with you and will be your guide through the application process.

5. Applicants should be aware that accreditation is awarded by the COCWA Board on the basis of recommendation by the Church & Ministry Support team member. This means that some personal information may be disclosed to the Board where it is deemed relevant by the Executive Minister.

6. Applicants will be put forward to the Board for approval. Applicants will be advised of the success of your application or be given specific reasons where the Board decides they are unable to award accreditation. In addition to awarding accreditation, the Board may make recommendations to the applicant's Senior Minister and/or Board where it is determined that additional training or ministry support may be beneficial for personal growth and development.

7. Part of the process requires you to attend the On Mission Connect Retreat. This is a chance to meet with COCWA ministry staff, network with other ministers and learn about the past, present and future movement of COCWA. As part of your church's investment into your leadership development, an invoice will be issued to cover costs. (Please note that this retreat will need to be attended every three years, when accreditation renewal is due.)

If at any time through this process you have any questions, please feel free to contact a member of the COCWA Team at: admin@cocwa.com.au.

Please return your application and all necessary documents to admin@cocwa.com.au or post to PO Box 458, Dianella WA 6059.

Referees should return their references separately.

PART 1 – SECTION A
APPLICANT'S PERSONAL INFORMATION

To be completed by the applicant.

Full Name: _____

Address: _____

Telephone: _____ D.O.B: _____

Email: _____

PERSONAL DATA

We recognise the personal nature of some of the questions below. However, it is important that we have information to enable us to fully assess your application.

Your personal information will be treated with care and confidence by the COCWA Church & Ministry Support Team. A summary of your application, and other information that the Church & Ministry Support Team may deem important to your application, will be provided to the COCWA Board who are the Authorising Body for Accreditation.

1. MARITAL STATUS

Are you married? ☐ Yes ☐ No

Name of spouse: _____

Names of children: _____

Please list all tertiary institutions, theological or bible colleges attended, and the awards attained (Please attach academic records).

Qualification/Award attained	University/College	Year Attained

Any other qualifications attained? (e.g. musical, professional or learning/courses pursued)

2. CHURCH BACKGROUND

Date joined	Date left	Congregation	Denomination	Reason for leaving

What areas of ministry have you been involved in during the last five years?

_____

_____

_____

3. GENERAL HEALTH

As part of our commitment to your wellbeing, we encourage you to get a regular health check from your General Practitioner.

4. SECURITY CLEARANCE

National Police Clearance

Please attach a signed and true copy of the document; the original needs to be sighted by the Senior Minister or Chairperson. The date of issue must be no more than six months old at the time of applying.

Serial No:_____ Date of Issue: _____

Working With Children Check

Please attach a photocopy of your current WWCC, if applicable.

WA Notice No: _____ Expiry Date: _____

5. MARRIAGE CELEBRANT LICENSE

Do you hold a current Marriage Celebrants License? ☐ Yes ☐ No

If Yes, what is your License number and under which denomination? _____

How many marriages have you officiated since obtaining a License? _____

Please confirm if the Registry of Births, Deaths and Marriages have been notified by your previous Denomination that you are no longer eligible to hold a License under their Rites? _____

*Obtaining a celebrant license under the Rites of Churches of Christ in Australia is at the discretion of the COCWA Executive Minister. Please contact our office for further information.

6. SUPPORT & ACCOUNTABILITY

Do you have intentional support in place? What, or Who, and How Often?

_____

_____

_____

_____

7. PHOTO IDENTIFICATION

Please attach portrait photo here or include JPEG.

8. MINISTRY ETHICS – COMMITMENT TO COMPLIANCE

Before filling out and signing this section you must have read the Professional and Ethical Standards of Ministry Applicable to Ministers of Churches of Christ and the related Procedure for Investigating Complaints of Serious Misconduct documents (available on the COCWA website, under Resources).

Are there any complaints pending against you before any organisation or group? ☐ Yes ☐ No

Has disciplinary action of any sort ever been taken against you by a church denomination, local congregation, professional association or education/ training institute? ☐ Yes ☐ No

Have you ever had a civil suit brought against you relative to employment in ministry or other professional occupation? ☐ Yes ☐ No

Have you ever been charged, or are there charges pending with the police in relation to, or pertaining to, your employment in ministry or other occupations? ☐ Yes ☐ No

Note: If you have answered Yes to any of the above questions, please include a separate statement.

I, (full name)_____, as a Minister as understood within the *Professional and Ethical Standards of Ministry Applicable to Ministers of Churches of Christ* and the related *Procedure for Investigating Complaints of Serious Misconduct*, do accept and agree to be bound by these documents. In the event that a complaint is laid against me, I give consent to the procedure outlined in the documents being followed and agree that I will cooperate with any investigation by the Ministry Ethics Group that is set up in accordance with said procedure, and that I will attend and take part in any rehabilitation process recommended.

I understand that disciplinary measures and legal steps will be taken by the church if I am found to be in breach of the Code of Conduct. This will include reporting to the relevant authorities.

I have never been disqualified or dis-endorsed as a leader 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 leader.
I consent to _____ and/or Churches of Christ in Western Australia 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 declare that, to the best of my knowledge all information submitted by me in this statement is true. I understand that any significant inaccuracies in, or omission from, this documentation may be cause for my not being accredited as a Minister in Churches of Christ in WA.

Full Name: _____

Signature:_____Date: _____

9. APPLICANT'S DECLARATION AND SIGNATURE

Please read the following carefully before signing:

- ☐ I declare that the information that I have supplied on this form is true and correct.
- ☐ I declare that the identifying documents shown to my Senior Leader/Chairperson are true and correct.
- ☐ I understand that personal information disclosed by me through the application process will be presented to the COCWA Board.
- ☐ I wish to apply for Ministry Accreditation
- ☐ I acknowledge the necessity to undertake a program of Annual Ongoing Personal Growth.

Please sign INSIDE this box using a BLACK/BLUE pen. This signature will be scanned onto your card if your application is successful. PLEASE SIGN WITHIN THE BOX.

Signature: ☐

Date: _____

PART 1 – SECTION B
APPLICANT'S SELF-EVALUATION FORM

To be completed by the applicant.

Full Name: _____

Position: _____ Date: _____

1. CALL TO MINISTRY

Briefly outline your call to ministry

_____

_____

_____

_____

_____

_____

_____

Are there people in your life who will affirm your calling to ministry?

_____

_____

2. MINISTRY GIFTS

List those gifts that have been affirmed in your ministry

_____

_____

_____

_____

_____

Which dimensions of your ministry would you like to further develop?

3. SPIRITUAL LIFE AND FORMATION

Comment on your spiritual formation: how best do you connect with God?

What spiritual growth strategies do you have in place?

4. YOUR LEADERSHIP

What do you perceive to be (a) strengths and (b) weaknesses of your leadership style?

How do you “equip the saints for ministry?”

Please comment on your conflict resolution skills.

How do you deal with critical feedback?

5. PERSONALITY

Please indicate by marking an X on the line between the two choices to indicate the degree to which one of the two choices best describes you. Eg:

Pessimistic_____X____Hopeful (you are more hopeful than pessimistic)

Cautious: Avoids new situations and seldom takes risks		**Adventurous:** Seeks new experiences; comfortable with risk and uncertainty
Conventional: Thinking is limited to the obvious or customary; lacks originality		**Imaginative:** Envisions wide ranges of possibilities and alternatives
Disordered: Behaviour is disorganised, unplanned and erratic		**Ordered:** Able to manage own conduct; behaviour is planned and scheduled
Passive: Mild, uncritical		**Active:** Assertive; can question; initiating
Overly serious: Too serious; unable to laugh about self and own mistakes		**Sense of humour:** Able to laugh at self and with others; accepts mistakes with humour
Insensitive to others: Not aware or interested in the feelings of others; tactless; abrupt		**Sensitive to others:** Empathetic; insightful about feelings and needs of others
Unclear theological beliefs: Own theological position less clear, often vague in its articulation		**Clear theological beliefs:** Own understandings of the faith have clarity and can be articulated accordingly
Hidden: Secretive, keeps thoughts and feelings private		**Open:** Straightforward, spontaneous, frank, direct in self-expression; expresses own feelings

Suspicious: Frequently distrusts others and their motives		**Trustful:** Has confidence in the integrity of others
Indecisive: Decision-making is difficult; hesitates a long time before deciding		**Decisive:** Makes decisions with firmness; enjoys making decisions and fulfilling them
Unenthusiastic: Seldom gets emotionally involved or excited; inexpressive		**Enthusiastic:** Emotionally responsive; interested and excited about new events
Distant: Is not interested and/or is not aware of local, national or international issues – religious or secular		**Engaged:** Aware of, and able to discuss issues and their impact, local and global – religious and secular
Dependent: needs the advice and support of others; cannot deny requests of others whose affection and respect he/she wants		**Independent:** Does not like to depend on others; prefers to rely on own efforts; can say 'no' to requests
Rigid: Strongly maintains own position against all opposition; resists changing to new ways of doing things		**Flexible:** Adapts behaviour when necessary to new situations; can compromise; open to change
Vague thinking: Thinking is elusive, illogical and too generalised		**Clear thinking:** Thinking is comprehensible, coherent and logical
Not fulfilling potential: Could accomplish more; has not put gifts and graces to full use		**Fulfilling potential:** Is realising his/her capacity as a person and a Minister

6. PERSONAL

What personal development practices or goals do you think you would like to develop? Consider physical, mental, emotional and spiritual.

Have you undergone Believers' Baptism by Immersion? ☐ Yes ☐ No

If No, do you give assent to:

- The Churches of Christ belief regarding Believers' Baptism by Immersion?
- Teaching those beliefs;
- Urging new converts to undergo Believers' Baptism by Immersion

☐ Yes ☐ N

CHECKLIST

Please ensure you have completed/included all of the following *before* sending in your application:

- ☐ Read "Professional and Ethical Standards" and "Procedures for Investigating Complaints."
- ☐ Part 1 –Section A.
- ☐ Copies of Academic Records, relevant to Ministry.
- ☐ Portrait photo or jpeg.
- ☐ National Police Clearance, no older than 6 months, and valid Working With Children Check, if applicable.
- ☐ Signed the Ministry Ethics – Commitment to Compliance.
- ☐ Signed the Declaration.
- ☐ Part 1 – Section B.
- ☐ Part 2 – Statement from Applicant's Employer given to Senior Minister/Chairperson for completion.
- ☐ Part 3- Two Personal References given to referees for completion.
- ☐ Attain a letter of Good Standing from your Senior Leader or Chairperson from your previous employer and current employer.
- ☐ Fulfilled all current Government requirements for Ministers of Religion (i.e. Mandatory Reporting Training) https://www.wa.gov.au/service/community-services/community-support/mandatory-reporting-of-child-sexual-abuse-wa

COCWA OFFICE USE ONLY

Executive Minister checked. Signed: _____

Approved by COCWA Board: ☐ Yes ☐ No

Card Registration Number allocated: ☐ Yes Number: _____

Card Produced: ☐ Yes Date: _____

Card Sent: ☐ Yes Date: _____

Reason for non-issue: _____

Connect Retreat attendance: _____



MINISTRY ACCREDITATION APPLICATION

PARTS 2 AND 3

Churches of Christ in Western Australia Inc

PART 2 – STATEMENT FROM APPLICANT'S EMPLOYER

To be filled out by the Senior Minister (or Board Chairman in the case where the applicant is the Senior Minister).

Any questions please contact the COCWA Church and Ministry Support Team on 9471 8500.

STRICTLY CONFIDENTIAL

We the Elders/Leadership Team of the _____

Insert the name of the Church of Christ Church or Affiliated Agency

support the application of _____

Insert the name of the applicant

for accreditation with Churches of Christ in WA.

The Applicant was appointed by our church/agency on _____

Insert date

in the role of _____

Signed: _____

Name: _____ Date: _____

PART 3 – PERSONAL REFERENCE 1

To be filled out by a person (not a family member) who has known the applicant for at least two years.

If necessary please attach your responses on additional sheets.

REFEREE

Full Name: _____

Address: _____

Telephone: _____ H/W _____M _____

Email:_____

Preferred time that we may contact you with regards to this application? _____AM/PM

APPLICANT

Full Name: _____

Position: _____

Please outline your relationship with the applicant, and any relevant qualifications or experience which is relevant to your being a referee.

_____

_____

Churches of Christ in Western Australia Inc

MINISTRY ACCREDITATION APPLICATION

Please provide your observations concerning the applicant's abilities in the areas below.
Please select one item per line.

	Not Observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual life	☐	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Creativity/imagination	☐	☐	☐	☐	☐	☐
Interpersonal skills	☐	☐	☐	☐	☐	☐
Conflict resolution skills	☐	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐	☐
Self-motivation	☐	☐	☐	☐	☐	☐
Oral communication	☐	☐	☐	☐	☐	☐
Written communication	☐	☐	☐	☐	☐	☐
Quality of work	☐	☐	☐	☐	☐	☐
Intellectual ability	☐	☐	☐	☐	☐	☐
Problem-solving skills	☐	☐	☐	☐	☐	☐
Counselling skills	☐	☐	☐	☐	☐	☐
Leadership skills	☐	☐	☐	☐	☐	☐
Administrative skills	☐	☐	☐	☐	☐	☐
Vision for ministry	☐	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐	☐
Clarity of goals	☐	☐	☐	☐	☐	☐
Ability to cope with change	☐	☐	☐	☐	☐	☐
Ability to manage change	☐	☐	☐	☐	☐	☐
Care of self	☐	☐	☐	☐	☐	☐

How long have you known the applicant, and in what capacity?

What is the applicant's potential for continued growth in ministry?

What are the applicant's strengths in ministry?

In what areas could his/her ministry be improved?

_____

_____

_____

_____

_____

Additional comments

_____

_____

_____

_____

_____

Signature: _____ Date: _____

The completed Personal Reference should be sent by the referee to:
Churches of Christ in WA PO Box 458 Dianella WA 6059
Or by hand to 22 Plantation Street Menora WA 6050
Or email admin@cocwa.com.au

PART 3 – PERSONAL REFERENCE 2

To be filled out by a person (not a family member) who has known the applicant for at least two years.

If necessary please attach your responses on additional sheets.

REFEREE

Full Name: _____

Address: _____

Telephone: _____ H/W _____M _____

Email:_____

Preferred time that we may contact you with regards to this application? _____AM/PM

APPLICANT

Full Name: _____

Position: _____

Please outline your relationship with the applicant, and any relevant qualifications or experience which is relevant to your being a referee.

_____

_____

Churches of Christ in Western Australia Inc

MINISTRY ACCREDITATION APPLICATION

Please provide your observations concerning the applicant's abilities in the areas below.
Please select one item per line.

	Not Observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual life	☐	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Creativity/imagination	☐	☐	☐	☐	☐	☐
Interpersonal skills	☐	☐	☐	☐	☐	☐
Conflict resolution skills	☐	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐	☐
Self-motivation	☐	☐	☐	☐	☐	☐
Oral communication	☐	☐	☐	☐	☐	☐
Written communication	☐	☐	☐	☐	☐	☐
Quality of work	☐	☐	☐	☐	☐	☐
Intellectual ability	☐	☐	☐	☐	☐	☐
Problem-solving skills	☐	☐	☐	☐	☐	☐
Counselling skills	☐	☐	☐	☐	☐	☐
Leadership skills	☐	☐	☐	☐	☐	☐
Administrative skills	☐	☐	☐	☐	☐	☐
Vision for ministry	☐	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐	☐
Clarity of goals	☐	☐	☐	☐	☐	☐
Ability to cope with change	☐	☐	☐	☐	☐	☐
Ability to manage change	☐	☐	☐	☐	☐	☐
Care of self	☐	☐	☐	☐	☐	☐

How long have you known the applicant, and in what capacity?

What is the applicant's potential for continued growth in ministry?

What are the applicant's strengths in ministry?

In what areas could his/her ministry be improved?

_____

_____

_____

_____

_____

Additional comments

_____

_____

_____

_____

_____

Signature: _____ Date: _____

The completed Personal Reference should be sent by the referee to:
Churches of Christ in WA PO Box 458 Dianella WA 6059
Or by hand to 22 Plantation Street Menora WA 6050
Or email admin@cocwa.com.au