



Sydney, Australia 2016

Please complete the application form in ink and in capital letters.
Please include a recent photo of yourself with this application.

Personal Details

Name:	
Address (incl postcode):	
Landline number:	Mobile:
Email address:	
Date of Birth:	Male/ Female:
If married, when did you get married (date):	If engaged, when are you getting married (date):
Do you have a full driver's licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you taking medication under doctor's direction? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, please give details of condition:</i>	
Are you generally in good health? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you need a special diet? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, please give details:</i>	

General

What do you believe your strengths to be?

What are your weaknesses?

What are your goals in life?

Why have you applied to join FP Impact Sydney?

Occupation

What is your occupation? *(If you are a student, please indicate this here, then move on to 'Education' on page 4)*

How long has this been your occupation?:

Nature of responsibilities and duties:

If unemployed, please give last occupation with dates:

Education

Please give details of your education qualifications?

If you are a musician, please give details of instrument/s, any grades taken, experience of playing in public etc:

If you have experience in drama, please give details:

Financial Matters

How do you propose to finance yourself?

Many churches help towards the cost of training - have you discussed this with your church leadership? Yes No

**PLEASE SIGN BELOW for your application to go forward.
Please include a recent photo of yourself with this application.**

By signing below you are agreeing to the following:

- *I will send a non-returnable deposit of AU\$100 to the FP Administrator if offered a place on FP Impact.*
- *If my church is contributing to my fees, I agree to undertake the responsibility of ensuring the correct amount of money is paid to the FP Administrator as per agreed deadlines.*
- *If financing myself, I agree to send full payment to the FP Administrator as per agreed deadline (payment in instalments can be arranged)*

Signed:

Date:

Please write down your testimony in not more than 500 words, and include details of your conversion, water baptism and being filled with the Holy Spirit (continue on a separate sheet of paper if necessary):

In order for your application to be considered, please have your church leader print his name, sign and date here:

I endorse this application

Church Leader's Name:

Signature:

Date:

Signature of Applicant:

Date:

Please return the completed application form and photograph to:

**James Ryburn
Grace City Church
PO Box 490
Collaroy Beach, NSW 2097
Australia**

Email: office@gracecitychurch.net

Tel: (+612) 9971 0222

Fax: (+612) 9971 1384