



REGISTRATION FOR THE PERIOD OF DISCERNMENT

An application to the Presbytery of South Australia through the congregation of _____
for participation in the Period of Discernment.

PARTICIPANT INFORMATION

Name			<input type="checkbox"/> Dr.	<input type="checkbox"/> Miss	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
<i>Surname</i>	<i>First</i>	<i>Middle</i>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
			<input type="checkbox"/> Mrs.		
Address					
<i>Street:</i>		<i>City:</i>	<i>State:</i>		<i>Postcode:</i>
Phone (Home)			Phone (Mobile)		
Occupation:			Email:		
Membership of the Uniting Church in Australia					
<input type="checkbox"/> Baptised member	<input type="checkbox"/> Confirmed member	<input type="checkbox"/> Member in Association	<input type="checkbox"/> Adherent	<input type="checkbox"/> Other <i>specify</i>	
Congregation where you regularly worship					

EDUCATIONAL BACKGROUND

Institution	Year	Description of Award

Is English your first language? Yes No

If English is not your first language give details of your English competency test scores if known

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

No Yes If yes, give details

Have you participated in a Period of Discernment before?

No Yes If yes, give details

Church roles in the last five (5) years

Signature of applicant

Date

Attach a brief statement (100-200 words) outlining your reasons for applying to participate in the Period of Discernment. Also include a list of any theological study you have already done. Give your completed registration form, your statement and study list to your minister or church council for endorsement asking them to forward documents to: Annette Latham, Period of Discernment Administrator, Uniting College for Leadership & Theology, 34 Lipsett Terrace, Brooklyn Park, SA, 5032.

TO BE COMPLETED BY THE MINISTER OR CHURCH COUNCIL CHAIRPERSON

Name of applicant _____ is a (*select one*) member member in association adherent

in good standing within the _____ congregation.

Signed

<i>Name</i>	<i>Position held</i>	<i>Signature</i>	<i>Date</i>
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OFFICE USE ONLY

Registration form and statement received	<i>Date</i>
Appointment with PoD Coordinator	<i>Date</i>
Academic Advisor	<i>Date</i>
Name of mentor	
Learning and serving plan submitted	<i>Date</i>
Learning and serving plan approved	<i>Date</i>
Commencement date for PoD	<i>Date</i>
Portfolio assessed by	<i>Date</i>
Appointment with PoD Team	<i>Date</i>
PoD Completion Certificate issued	<i>Date</i>