



Presbyterian Church of Aotearoa New Zealand

Office of the General Assembly
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Application for Ministers of Word and Sacrament from other Churches to be received as a Minister of the Presbyterian Church of Aotearoa New Zealand

Please fill out all sections of this application form

Part One: Name and contact details

1. Surname/family name: _____

Christian/given names: _____

I prefer to be called: _____

2. Address: _____

Telephone: _____ (Office) _____

(Mobile) _____ (Fax) _____

Email: _____

Part Two: Personal details

Date and place of birth: _____

I am/am not a New Zealand citizen (please circle)

I have/have not permanent residency (please circle)

Marital status: _____

Partner's name (if appropriate): _____

Part Three: Ordination and good standing

1. Ordination details:

Date and place of ordination: _____

Church of ordination: _____

Please attach:

- A current letter from your Church confirming your date of ordination and that you are in good standing with your Church and have not been the subject of disciplinary action by that Church.
- Evidence of a work permit or permanent residency for non-New Zealand applicants.

Part Five: Referees

Please give the names, addresses, phone and fax numbers and email, of three referees whom we may approach, seeking evaluative comment on your skills and capabilities as a minister. Please include one referee from a parish of the Presbyterian Church of Aotearoa New Zealand.

1) Name: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

2) Name: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

3) Name: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Please attach:

- Confirmation that you have been a member of a parish of the Presbyterian Church of Aotearoa New Zealand for 12 consecutive months OR
- Confirmation that as a minister from outside of New Zealand you have actively participated in the life of a parish of the Presbyterian Church of Aotearoa New Zealand for 12 months (non consecutive) OR
- Confirmation that the Leadership Subcommittee has granted you an exemption from the membership requirement.

Part Six: Affirmations and acknowledgements

Being a minister of the Presbyterian Church of Aotearoa New Zealand places a person in a position of trust. As part of your application you are required to make the following affirmations and give consents.

1. If received as a minister of the Presbyterian Church of Aotearoa New Zealand I will accept the authority and discipline of the Presbyterian Church of Aotearoa New Zealand, as exercised through the Presbytery within whose bounds I work, and will uphold the polity, teaching and doctrine of the Presbyterian Church of Aotearoa New Zealand.
2. I am willing to sign the formula (see copy below).
3. I confirm that I have not been convicted of any criminal offence involving violence or sexual abuse nor been disciplined by my Church for any unethical or unprofessional behaviour.

4. I consent to the Personnel Work Group seeking information about me from the referees whose names I have supplied and from representatives of employing bodies with whom I have worked and authorise the information sought to be released.
5. I consent to the Presbyterian Church undertaking a police check in New Zealand and in any country where I have lived/served as a minister and I attach the relevant information in schedule 2.
6. I confirm that, if invited, I will submit to personality testing and an interview with a psychologist of the Presbyterian Church of Aotearoa New Zealand's choosing and I will bear the costs associated with this testing.
7. I confirm that, if invited, I will submit to an interview with the Personnel Work Group and I will bear the costs associated with this interview.
8. I understand that, as a minister of the Presbyterian Church of Aotearoa New Zealand, I am required to join the Beneficiary Fund, and I attach the completed medical form (schedule 3).

To the best of my knowledge the statements given are correct and I understand that if any false or misleading information is given or material fact suppressed my application will not be processed or if received my reception may be revoked.

Signed _____ Date _____

Formula for Ministers of the Presbyterian Church of Aotearoa New Zealand

I believe in the Word of God in the Scriptures of the Old and New Testaments and the fundamental doctrines of Christian Faith contained in the Kupu Whakapono and Commentary, the Westminster Confession of Faith, and other subordinate standards of this Church. I accept that liberty of conviction is recognised in this Church but only on such points as do not enter into the fundamental doctrines of Christian faith contained in the Scriptures and subordinate standards. I acknowledge the Presbyterian government of this Church to be agreeable to the Word of God and promise to submit to it. I promise to observe the order and administration of public worship as allowed in this Church.

A minister of the Presbyterian Church of Aotearoa New Zealand is required to sign this Formula each time he/she is inducted to a ministry position.

Please forward this completed application form along with the appropriate schedules.

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Schedule 1: Application for exemption from the membership requirement

Part One: Name and contact details

1. Surname/family name: _____

Christian/given names: _____

I prefer to be called: _____

2. Address: _____

Telephone: _____ (Office) _____

(Mobile) _____ (Fax) _____

Email: _____

Part Two: Grounds for exemption

I _____ confirm that the information I have supplied is correct and I have not made any attempt to mislead the Leadership Subcommittee about my eligibility for an exemption to the membership requirement.

Signed: _____ Date: _____

Please attach:

- Additional pages if required (please number sequentially)
- Any supporting documentation from the Church body calling you (including the presbytery if the call is to a parish).

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Schedule 2: Police check consent form (required for all applicants)

This form will be sent to the Licensing & Vetting Service of the New Zealand Police.

Please fill in all fields of this form before sending it to Police Checks Request, the Assembly Office, PO Box 9049, Wellington 6141.

Family Name: _____

Given Names: _____

Maiden Name: _____

Other Names Used: _____

Date of Birth: Day: _____ Month: _____ Year: _____
(Please note that you must be at least 17 years old)

Place of Birth: _____
(Please include country if outside New Zealand)

Gender: Male / Female (Please circle)

Nationality: _____
(Country of citizenship)

Home Address: _____

Drivers Licence no: _____

I _____ hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the **Presbyterian Church of Aotearoa New Zealand**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the criminal records (Clean Slate) Act 2004.

Signed: _____

Date: _____
(Please note that forms completed more than three months ago will not be processed)

COMMENTS OF THE NEW ZEALAND POLICE

Applicants from other countries should also attach confirmation of a clear police check from their country of origin and any other countries they have resided in.

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Schedule 3: Beneficiary Fund medical assessment form

The information contained in this form is collected for the purposes of assessing applicants for the ordained ministry of word and sacrament in the Presbyterian Church of Aotearoa New Zealand.

The information contained in this form is also forwarded to the Committee of the Beneficiary Fund, which provides retirement and other benefits. Applicants who are accepted as ordinands or ministers are admitted to the Beneficiary Fund on confirmation of that acceptance.

Medical practitioners are requested to complete the medical history, undertake the physical examination and clearly state whether there is any recommended treatment or action.

Personal Information: *(to be completed by Applicant)*

Name:Date of Birth:

Address:Telephone:

Gender:Marital Status:

Parish:Presbytery:

Name & address of usual doctor:

Current occupation:

Previous occupations:

Declaration: *(to be completed by Applicant)*

I hereby declare that, insofar as I am aware, the information given in this form is true and complete.

I understand that the information in this medical assessment form will be made available to the Committee of the Beneficiary Fund as part of the process of assessment of me as an ordinand/minister in the Presbyterian Church of Aotearoa New Zealand.

I consent to the Presbyterian Church of Aotearoa New Zealand seeking any further medical information which they require to assess this application, and I authorise the giving of such information.

Signed by Applicant: Date:

Witnessed: Date:

Name of Witness (print):.....

Schedule 3 (continued)

Medical History: (to be completed by Medical Practitioner)

Please list any medical conditions current or occurring in the last two years:

.....
.....

Please list any current treatments, investigations or tests in last five years:

.....
.....

Please note any physical disabilities (including hearing/sight):.....

.....
.....

Please indicate whether the candidate has ever had any significant sickness, accident or surgery requiring medical treatment and/or hospitalisation and note briefly when this occurred and what treatment/management was instituted:

.....
.....
.....
.....

Please indicate smoking history:

Current smoker: YES NO State type and quantity per day:

Past smoker: YES NO State type and quantity per day:

Cessation Date:

Please indicate if the applicant has or has not had any of the following and note details on the following sheet.

Cardiovascular or heart disease or rheumatic fever: YES NO

High blood pressure, angina or heart murmur: YES NO

Disorder or disease to the circulatory system: YES NO

Tuberculosis, asthma, bronchitis, or respiratory conditions: YES NO

Ulcer, colitis, indigestion, gastro-intestinal or bowel conditions: YES NO

Kidney, liver or bladder disease or disorder, hepatitis: YES NO

Stroke, epilepsy, migraines, seizures or dizzy spells: YES NO

Cancer, cyst, abnormal exam, smear, tumour or growth: YES NO

Diabetes, gout, thyroid disorder or blood disorder: YES NO

Any congenital disease, disorder or deformity: YES NO

Any pain, injury or other condition(s) of the neck or back: YES NO

Arthritis, tendonitis, OOS, tenosynovitis or rheumatism: YES NO

Anxiety, stress, undue tiredness, depression or chronic fatigue: YES NO

Excess alcohol consumption, drug abuse/dependency: YES NO

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Schedule 4: Ministry questionnaire

The information you provide in response to this questionnaire will help the Personnel Work Group and the Knox Centre for Ministry and Leadership to identify possible placements suitable for you and the types of learning experiences that might assist your transition into the ministry of the Presbyterian Church in the event your application is successful. Please attach your written response to this application form.

1. Write a brief historical account of your involvement in Christian ministry and leadership. Please include a chronological list of dates and responsibilities, in particular touching on any responsibilities you have had in the following areas: preaching, preparation and conduct of worship, pastoral care, faith-based mission engagements, Christian education and ministry management. Please comment on what you believe to be your most formative faith experiences in church and mission during your childhood, teen years, adulthood and, if applicable, during your ministry career.
2. What are your most significant leadership experiences within this history? What has been the relationship between your experiences and your sense of belonging in the church and your growth in spiritual maturity, theological development, leadership and mission involvement?
3. What are the two events that have shaped your ministry more than any other? How do you think of them in terms of where and what you are now?
4. If you were to identify significant experiences of wounding and healing in Christian life, church or ministry, what would these be? What effect have these had on you and your understanding of Christian ministry?
5. What have been the major developments in your ecclesiology over the past five years? How has this affected your understanding and practice of leadership?
6. What theologians and biblical passages have you interacted with the most to inform your practice of ministry and leadership?
7. What is your current situation or life-stage? What extraordinary or potentially stressful situations (e.g. health concerns, care-giving responsibilities, financial pressures) do you have that might impact on the next two years? Do you have any special family requirements? Do you have any learning needs or impairments we should be aware of?
8. What experience do you have of "reflection-based supervision" (i.e. someone helping you to reflect on your practice and experiences in a work situation). How would you assess your self-management habits and skills?
9. What do you consider are your greatest gifts and vocational strengths? What are growth areas for you? What is the *one* theological question or issue that is alive for you right now?
10. How would you describe your prayer experiences and practice? What form(s) does prayer take? Are there any other spiritual practices that have been, or are significant for you? Do you have experience of spiritual direction and/or prayer retreats?
11. What hopes and expectations do you have concerning ministry within the Presbyterian Church of Aotearoa New Zealand?