UCA Queensland Synod Board for Christian Formation

Application for inclusion in Queensland Synod Selection Panel INTERVIEW TEAMS POOL

Please provide i	nformation as request	ted below:					
Title / Name:							
Postal address	:						
Phone:	Business:		Mobile:		-		
	Email:						
Congregation:							
Minister:							
Are you a confi	rmed member of the	Uniting Churc	h?				
	how your current inv tion process for can						0
	you believe a calling processes in other o		d ministry of the	church might	need to be as	ssessed differently	
to serve in the	l knowledge acquired selection process as	d from your wo s a member of a	rk experience, c a selection pane	or from other c	community org	ganisation, equip yo	u io
task.							

Please use the back of this sheet to make any other comment but do not attach additional sheets.						
SIGNATURE:	DATE:					
Thank you for completing the application to serve in this very important way.						
Please forward your completed form to: The Synod Selection Panel Administration Support via SSP@ucaqld.com.au .						

For BCF use only Application approved at meeting held on						