



FP Impact Internship - Sydney, Australia

Please complete the application form and include a recent photo of yourself with this application.

Personal Details

Full Name:	
Full Residential 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>	
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, please give details:</i>	

Project

<input type="checkbox"/> I would like to apply for FP Impact Sydney 9 month option from January to September
<input type="checkbox"/> I would like to apply for FP Impact Sydney 12 month option: <input type="checkbox"/> September to September <i>OR</i> <input type="checkbox"/> January to December
Are you applying for any other Christian ministry work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Should you be offered a place on FP Impact Sydney, are there any considerations which may prevent you from accepting? <i>If YES, please give details:</i>

Church Life

Home Church Name:
Home Church Address (incl postcode):
Name of Church Leader:
Church Tel No:
Church Email Address:
Have you discussed your application with church eldership? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been baptised in water? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been baptised in the Holy Spirit? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you been a member of this church?
In what ways have you been involved in the life of your church?

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:

Other Relevant Experience & Skills

Have you any office administration experience? If so, please detail below.

Are you proficient in any computer software programs such as Office Suite (Word, Excel, PowerPoint etc) or Adobe Suite (Illustrator, Photoshop, Premier Pro etc)? If so, please list.

Please list any other experiences or skills you have that may be relevant.

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

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):

Please have your church leader print their 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 via email.

Email: office@gracecitychurch.net

Tel: (+612) 9971 0222