

**PERSONAL DETAILS:** *Please PRINT clearly*

Title: Rev  Dr  Ps  Mr  Mrs  Ms  Other

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nationality: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**APPLICATION DETAILS:** *Please PRINT clearly and provide as much information as possible.*

- Since your last application, have you commenced or completed any more courses relevant to Chaplaincy? YES  NO   
*eg: Cert IV in Pastoral Care, Chaplaincy Essentials, Counselling, CISD etc*  
*If YES, please attach copies of your certificates and transcripts:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Since your last application, have you commenced or completed any more theological study? YES  NO   
*If YES, please attach copies of your certificates and transcripts:*  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST, PRESENT AND FUTURE CHAPLAINCY INVOLVEMENT:** *Please PRINT clearly.*

- What area/s of Chaplaincy have you ministered in or are currently involved in?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- When did you commence this role? \_\_\_\_\_
- How many hours per week is this role? \_\_\_\_\_ Volunteer  Paid
- Do you hope to increase your Chaplaincy ministry in the future? Yes  No

# [ CHAPLAINCY AUSTRALIA RE-ACCREDITATION FORM ]

**OTHER RELEVANT INFORMATION:** *Please supply accompanying documentation as required.*

5. Name of church you regularly attend and any ministry involvement? \_\_\_\_\_

6. Are you interested in being considered and trained for disaster response? Yes  No

7. Have you been convicted of a criminal offence in Australia or overseas? Yes  No

*(please attach copies)*

Working with Children Number (mandatory): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

National Police Check Number (preferable): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

8. Have you completed the ACC approved "Safer Churches" training? Yes  No

9. Is there any other information relevant to your application? Yes  No

*If yes, please give details;*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUPERVISION & MENTORING:

10. Do you engage in regular professional supervision as per our code of conduct? YES  NO

*Chaplaincy Australia is committed to ensuring that all accredited Chaplaincy and Chaplaincy Associates are supported in their ministry by engaging in mentoring/supervision. In accordance with our code of conduct and as an integral part of the reaccreditation process we require all applicants to sign and date the following:*

I \_\_\_\_\_ agree to engage in regular professional supervision in accordance with  
, \_\_\_\_\_ the Chaplaincy Australia code of conduct.  
*Please PRINT your name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If you are already engaging with a supervisor could you please enter the name and contact number of your nominated supervisor?*

\_\_\_\_\_  
*Supervisor's Name:*

\_\_\_\_\_  
*Daytime contact number*

*If you do NOT have a supervisor and are experiencing difficulty in locating a suitable supervisor please contact your Chaplaincy Australia state office and we will provide you with a list of accredited Supervisors.*

**CHAPLAINCY AUSTRALIA – TESTIMONY SPACE!**

*Every day Chaplains impact the lives of people in all different areas of society. As a valued member of our network, we would love to hear of your experiences as you serve your church and community through the ministry of Chaplaincy. If you have a testimony or story to share of the impact that Chaplaincy has had to yourself and/or those you support please feel free to share it with us here!  
(NB: Chaplaincy Australia will maintain strict confidentiality according to your instructions below)*

*Please attach a separate sheet if more space is required*

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*I give permission for Chaplaincy Australia to reuse this testimony provided that all identifying names and features are renamed.*

*I give permission for Chaplaincy Australia to reuse this testimony as it is written and I have gained permission from all persons referred to in this story.*

**APPLICANT’S DECLARATION:**

*I declare that the above information is true and correct and that there is no impediment to my application being approved. I have read the Chaplain’s Code of Professional Conduct and I agree to be personally responsible and accountable for my practice as a Chaplain or Chaplaincy Associate in accordance with the Code.  
I have not been charged with or convicted of any illegal activity.*

*Signature*

*Date*

*If you are unable to sign this statement in good faith please contact the State Director to discuss your concerns. **The State Director retains the right to cancel the application if any of the above information proves to be false or misleading.***

**SENIOR PASTOR'S DECLARATION:** *If you, as the applicant, are the Senior Pastor please get your District Leader to complete this section.*

I, Pastor \_\_\_\_\_ of \_\_\_\_\_ Church,  
endorse \_\_\_\_\_ into the ministry of Chaplaincy and  
believe them to be spiritually and emotionally capable of performing the requirements of this role.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# [CHAPLAINCY AUSTRALIA RE-ACCREDITATION FORM]

## PAYMENT DETAILS

Please complete this section to advise your method of payment:

EFT       CHEQUE       VISA       MASTERCARD

**If paying by cheque please make all cheques payable to Chaplaincy Australia**

**If paying by EFT (Direct Deposit) send to ACC Chaplaincy Australia Limited BSB: 062890 ACC: 10153553  
please identify your deposit clearly using the following transaction description: *STATENAME*  
examples: *NSWAJones* or *VICMSmith***

**If paying by credit card please complete the following details.**

**Name of Applicant:** \_\_\_\_\_ **State:** \_\_\_\_\_

Card Number:

Expiry Date:  Amount:

Name on Card:

Signature:

## CHECKLIST PRIOR TO SUBMISSION OF APPLICATION FORM:

Please ensure that you have checked all of the following and are aware of all that is required of each applicant prior to submitting your application form to the relevant State Office listed below. If you have any concerns or need any assistance throughout your application process please do not hesitate to contact us:

- You have read in detail the Chaplaincy Selection Criteria (found on pg 7)
- You have emailed an updated passport style photo in jpeg format. (*please name file as per your name on application form eg: John Smith.jpg*) This photo will appear on your re-accreditation card.
- A re-accreditation fee of \$125 which will be valid for 2 years.
- You have read, understood, **SIGNED** and **RETURNED** the attached copy of the Chaplain's Code of Professional Conduct (*found on pg 8*)
- You have submitted a copy of your (mandatory) Working With Children Check (WWCC) as well as National Police Certificate (preferred).
- You have submitted a copy of your "Safer Churches" Certificate.
- You have answered **ALL** questions **CLEARLY** and **FULLY** and have attached all relevant documents

**CHAPLAINCY AUSTRALIA (NSW/ACT)**

PO Box 337  
PARRAMATTA NSW 2124  
Ph: (02) 8459 0315 Fax: (02) 8893 9099  
Email: barb@chaplaincyaustralia.com

**CHAPLAINCY AUSTRALIA (VIC/TAS)**

12 Arundel Street Cranbourne Vic 3977  
Phone: 0499 079 944  
Email: dgormlie@lifecentral.org.au

**CHAPLAINCY AUSTRALIA (QLD & NT)**

C / - Pastor John Scott  
Nexus Church  
PO Box 69  
EVERTON PARK QLD 4053  
Phone: 0414 4747 45  
Email: qlddirector@chaplaincyaustralia.com

**CHAPLAINCY AUSTRALIA (SA)**

C/- Pastor John Cullen  
81/10 Marina Ave  
BELAIR SA 5052  
Email: chaplaincyaustraliasa@gmail.com

**CHAPLAINCY AUSTRALIA (WA)**

P.O BOX 828  
JOONDALUP WA 6027  
Ph: 0413 711 153  
Email: jody@chaplaincyaustralia.com

Please retain a copy of the next two pages for your records.

They contain the Criteria for Re-accreditation with Chaplaincy Australia and our Chaplain's Code of Conduct for your reference

**CHAPLAINCY LEVELS – CRITERIA:****Level 1 - CHAPLAINCY ASSOCIATE:**

- This is the entry-level accreditation for those who are working in an area of chaplaincy ministry. It is designed for individuals who have a sense of a call of God towards Chaplaincy and who possesses an appropriate level of training and experience for their specific chaplaincy role.
- These may include: Sports Chaplains; Aged Care or Hospital Visitors; School Chaplains etc.
- The completion or undertaking of appropriate, required courses in Chaplaincy ministry, which may include:
  1. Chaplaincy Essentials
  2. Certificate IV in Chaplaincy & Pastoral Care
  3. Introduction to Clinical Pastoral Education (CPE)
  4. Specific training in sports, school, prison chaplaincy or other initial course.
- Must be committed and accountable to own local Church and leadership.
- Must be accountable to an appointed overseeing Chaplain (eg: Regional Chaplain – periodic meetings, conferences and ongoing connection).
- Must submit to WWCC, Police Check and complete ACC approved child protection training (Safer Churches) at least every 3 years.
- Must commit to regular mentoring / professional supervision.

**Level 2 - CHAPLAIN:**

- Level 2 Chaplains work across all sectors of Chaplaincy Ministry. They are individuals with evidence of a proven calling to the ministry of Chaplaincy, who have completed all required training and have the appropriate experience in their chosen chaplaincy role.
- The completion of accredited courses as deemed necessary for this ministry, in particular:
  1. Certificate IV in Chaplaincy & Pastoral Care or equivalent
  2. Diploma of Ministry (Chaplaincy)  
*Other relevant courses will be considered.*
- Some theological study completed or being undertaken.
- May be holder of ministerial credential.
- Must be committed and accountable to own local Church and leadership.
- Must be accountable to an appointed overseeing Chaplain (eg: Regional Chaplain – periodic meetings, conferences and ongoing connection).
- Must submit to WWCC, Police Check and complete ACC approved child protection training (Safer Churches) at least every 3 years.
- Must commit to regular professional supervision.

**CHAPLAIN'S CODE OF PROFESSIONAL CONDUCT:**

**(Please keep a copy for your own personal records)**

The Code of Professional Conduct requires accredited Chaplains to be personally responsible and accountable for their practice and conduct as provided by this Code.

Chaplains and Chaplaincy Associates are required to:

- Be a committed Christian who holds to the Apostles Creed and the doctrines held by their relevant denomination.
- Maintain the highest ethical standards in their own personal life.
- Be personally accountable for their professional conduct to their Employing Authority and/or Church Authority.
- Maintain the highest standards of professional competence and integrity in the pastoral, spiritual and religious care of recipients.
- Exercise the greatest sensitivity and discretion in matters of confidentiality, privacy and respect for others.
- Continue to undertake professional development, enhancing their chaplaincy skills – including attendance at Chaplaincy Australia Conferences and regional meetings.
- Co-operate fully with industry professionals, Chaplaincy colleagues and representatives of the Church in providing holistic care to others.
- Respect at all times the religious faith, practice and belief systems of clients.
- Provide for the appropriate pastoral, spiritual and religious services required by recipients.
- Ensure that no personal action or omission, within their own area of responsibility, is contrary to the highest standards of care or to the welfare of recipients.
- Be an active member of a local Church fellowship.
- Meet with their Senior Minister (or their appointee) periodically to discuss their ministry and to ensure that accountability and encouragement is being received.
- Engage in regular mentoring/supervision that contributes to your own personal, spiritual and professional development.

*I have read the above and agree to abide by the Chaplain's Professional Code of Conduct.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_