

**MISSION TO QUEENSLAND
APPLICATION FOR NEW CHURCH - LAUNCH**



The first step in the process of establishing a new church, even if it is only at concept stage, is to complete this form. You can do so by returning a hard copy with the relevant attachments to Director of Church Planting Services, Queensland Baptists, PO Box 6166, Mitchelton Q 4053. Alternatively, you can email this form and the additional attachments to mtq@qb.org.au.

If this application is approved, the new church and its leaders will have access to the Church Support Team for the purpose of ensuring it is compliant with all QB and Government guidelines for policy and practise that is pertinent for churches in Australia. As soon as you are compliant you will be able to formally request Associate status from the Board of Queensland Baptists.

Church Details	
Name of Church	
Address	
Phone	
Email	
Name of Pastor/Leader	
Name of Contact Person (if different from Pastor/Leader)	

Do you have a Partnering Church? If so, please provide details: *if you need more information on partnering churches please go to the QB website for more information	
Name of Church	
Address	
Phone	
Email	

Initial Planting Team			
Name	Time in leadership	Ministry Responsibilities	Contact Details

Brief history – What has Jesus been saying to you?

Include here a brief outline of the vision of the church (maximum of 300 words)

Ministry Context – What is going on around you?

Include here a brief description of the ministry context of the church (maximum of 300 words)

Belief Statement – Have you completed the [Baptist Faith Community Statement of Belief, Covenant and Guidelines?](#)

Yes (please provide a signed copy)

No

Is your group committed to upholding the core doctrinal beliefs of the Baptist Church?

A copy of Queensland Baptists beliefs can be found [here](#)

Yes

No

Please provide details of doctrinal differences where needed:

Do you have an ABN?	
<input type="checkbox"/> Yes (if please insert below)	<input type="checkbox"/> No (if no, we will provide details about this to assist you in this process)
ABN	

Have you registered with ACNC?	
<input type="checkbox"/> Yes (if please attach)	<input type="checkbox"/> No (if no, we will provide details about this to assist you in this process)

Does your group wish to be covered by the Baptist Insurance Scheme? <i>(Subject to approval, this facility is provided free of charge through MTQ for your first year. We recommend calling BIS on 07 3354 5617 to fully understand the benefits available to you)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, please provide copies of the Certificate of Currency for the insurance policies that are in place)

Do you need to open accounts with Baplink? <i>(NB: if you require insurance through Baptist Insurance Services, you will require accounts with Baplink)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have policies, procedures, and strategies in place for Safe Church/Child Safety?	
<input type="checkbox"/> Yes (if yes, please provide copies)	<input type="checkbox"/> No

If you have any other relevant information to support your application, please attach as required.

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Director of Church Planting Services

Comments:	
Recommended	Not Recommended
Signature:	Date:

Director of QB Services

Comments:	
Recommended	Not Recommended
Signature:	Date: