

Please note: For this application to be progressed, all fields of this form need to be completed in conjunction with the supporting documents. Please return the form with the relevant attachments to the Director of QB Services, Qld Baptists, PO Box 6166 Mitchelton Qld 4053.

Level of Recognition (tick one box only):

- Simple Church
 Associate Church
 Constituted Church
 Campus of Existing Church
 An established Church seeking to join Qld Baptists as an Associate Church

1. Church Details

Church Details	
Name of Church	
Contact Details	Address
	Phone
	Email
Business details (Australian Business Number)	ABN #
Have you applied for an ACNC # (Australian Charities and Not-For-Profits Commission)	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide # _____
Name of Pastor/Church Leader (please indicate relevant ministry qualifications and credentials)	
Name of Contact Person (if different from Pastor/Leader)	
If new campus, name of the Church you are a campus of (provide full partner church details below):	

For Simple Church applications go straight to Question 3

2. Partnering Church Details

Partnering Church Details	
Name of Church	
Contact Details	Address
	Phone
	Email

3. Leadership Team

Name	Time in leadership	Ministry Responsibilities	Contact Details

4. Brief History

Attach a brief outline of the history of the church, including a statement of purpose or vision and an outline of your values (maximum of 300 words).

5. Ministry Context

Attach a brief description of the ministry context of the church (maximum of 300 words).

6. Current Ministry Details

Day, Place and Time of Worship Gathering		
Average attendance	Adults _____	Children _____
Current Ministry Programs		
Description	Aims	Numbers involved

7. Declarations

1) We confirm that we have implemented a Child Safe Protection Policy:

Details of Child Safe Protection Policy	Name (Pastor/Church Leader)	Signature	Date Implemented
Please indicate policy adopted: <input type="checkbox"/> SU Childsafe <input type="checkbox"/> QB In-house <input type="checkbox"/> Other (please attach copy of policy)			

2) We have read the Qld Baptists Constitution including the Minimum Doctrinal Statement and agree to abide by it. Consent was given for this application at a meeting held on _____

	Name	Signature	Date
Pastor			
Other Church Leader			

8. Application

(This section to be completed only when applying to be recognised as a Constituted Church)

We, as people committed to the ministry of this church, hereby apply to Queensland Baptists for recognition as a Member Church.

Please print where appropriate. Attach additional pages if necessary. Minimum 20 names.

	Name	Role in this Church	Signature
1.			
2.			
3.			
4.			
5.			
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20.			
21.			
22.			

9. Qld Baptists Recommendation

Partnering Church Pastor

Interviewed Pastor/Leader:	
Comments:	
Recommended	Not Recommended
Signature:	Date:

Church Support Team

Interviewed Pastor/Leader:	
Interviewed Director of Church Planting Services:	
Comments:	
Recommended	Not Recommended
Signature:	Date:

Constitution Review Group

Read Constitution: Yes	
Comments:	
Recommended	Not Recommended
Signature:	Date:

Director of QB Services

Recommended to Board	Not Recommended to Board
Signature:	Date:

Board of Qld Baptists

Approved	Not Approved
Signature (Chairman):	Date:

APPLICATION FOR CHANGE OF CHURCH RECOGNITION

This application form needs to be completed in conjunction with the supporting QB documents and returned with the relevant attachments.

Level of Recognition (tick one box only):

- Change from Simple to Associate Church
- Change from Associate to Simple Church
- Change Associate to Constituted Church
- Change to Campus of existing Church

Church Support Team

Interviewed Pastor/Leader:	
Interviewed Director of Church Planting Services:	
Comments:	
Recommended	Not Recommended
Signature:	Date:

Director of QB Services

Recommended	Not Recommended to Board
Signature:	Date:

Board of Qld Baptists

Approved	Not Approved
Signature (Chairman):	Date: