

**Please note:** For this application to be processed, all fields in this form must be completed in conjunction with the supporting documents.

**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**

<b>Church Details</b>	
Name of Church	
Contact Details	Address
	Phone
	Email
<b>Business details - ABN #</b> <small>(Australian Business Number)</small>	
<b>Have you registered with ACNC?</b> <small>(Australian Charities and Not-For-Profits Commission)</small>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Name of Pastor/Church Leader</b> <i>(Please indicate relevant ministry qualifications and credentials)</i>	
<b>Name of Contact Person</b> <i>(if different from Pastor/Church Leader)</i>	
<b>If new campus, name of the Church you are a campus of</b> <i>(Provide full partner church details in Question 2 below)</i>	

For Simple Church applications go straight to Question 3

**2. Partnering Church Details**

<b>Partnering Church Details</b>	
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

<b>Day, Place and Time of Worship Gathering</b>		
<b>Average attendance</b>	Adults _____	Children _____
<b>Current Ministry Programs</b>		
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 tick policy adopted: SU Childsafe QB In-house Other (Please attach copy of policy)			

2) We confirm that we have purchased the required **Insurance Policies**:

Details of Insurance Policies	Name (Pastor/ Church Leader)	Signature	Date Implemented
Please list insurance policies: ■ _____ ■ _____ ■ _____ (Please attach copies of Certificate of Currency for the insurance policies that are in place)			

3) 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			

(Please attach a copy of the meeting minutes)

**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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21.			
22.			

**9. Qld Baptists Recommendation**

**Partnering Church Pastor**

Pastor/Church Leader Interviewed by (Name):	
Comments:	
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
<b>Signature:</b>	<b>Date:</b>

**Constitution Review Group**

Constitution Reviewed by (Name):	
Comments:	
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
<b>Signature:</b>	<b>Date:</b>

