

Please complete and attach your written assignment for the appropriate level of your course. Your enrolment will not be processed until we have received your extra documents required.

- **Certificate in Ministry Level 4**
  - Weekend Block Courses in Taupo or Christchurch
- **Diploma in Ministry Level 5**
  - Full-time on campus in Hamilton or Christchurch
  - Part-time on campus in Hamilton
  - Internship in your local church
  - Weekend Block Courses in Taupo or Christchurch
  - Night Classes in Christchurch
- **Diploma in Christian Leadership Level 6**
  - Documents only required if you have not previously studied Level 4 or Level 5 with Vision College.

### LEVEL 4 WRITTEN ASSIGNMENT

*Please type your essay on A4 paper and include it with this booklet.*

Please write a one page essay including each of the following:

- a. How you came to faith in Christ
- b. Your reasons for wanting to attend this course
- c. A brief overview of your involvement in your local church.

### LEVEL 5 & LEVEL 6 WRITTEN ASSIGNMENT

*Please type your essay on A4 paper and include it with this booklet.*

Please write a two page essay including each of the following:

- a. How you came to faith in Christ
- b. Your reasons for wanting to attend this course
- c. List an experience you have had in Christian Ministry (courses, positions held, job functions and length of time).
- d. A description of what you see to be your strengths and weaknesses with respect to Christian Ministry.
- e. Please write approximately 150 words on ONE of the following 'I believe' statements:
  - i. I believe in the one and living God, eternally existent in three persons in unity: Father, son and Holy Spirit.
  - ii. I believe in the divine inspiration and authority of the Holy Scripture.
  - iii. I believe in the inherent corruptness of humanity through the fall; the necessity of repentance and regeneration by grace and through faith alone, and the separation from God of the finally impenitent.

To comply with the Privacy Act, all information in this application will be kept in strict confidence and will be stored appropriately. Access to information will be given to those associated with the running of this school in accordance with Government regulations.

## HEALTH AND ETHICAL ISSUES

1. Have you suffered or do you currently suffer from health problems that may *affect your ability to study*?  No  Yes

Addictions

Chronic Fatigue

Depression

Diabetes

Emotional/Psychological disorders

Epilepsy

Migraines

RSI/OOSE

Other (please specify)

2. Have you used any illegal substances before?  No  Yes

3. What have you used?

4. When did you last use it?

5. Please advise us of any other information that may interfere with your ability to study:

## CHURCH AFFILIATION

1. Name of church attended

2. How long have you attended this church?

3. Pastor's name

4. Pastor's address

Post Code:

5. Pastor's Phone:

Mobile:

6. Pastor's Email:

7. DECLARATION I accept the full discipline of the study programme and will co-operate with the college procedures, work and financial requirements while attending Vision College. I acknowledge that this is a Christian organisation.

Signature of Applicant:

Date:

## REFEREES AND REFERENCES

Two written reference forms are included in this application booklet. Please have *your pastor and one other* referee complete these forms and send them directly to Vision College. We recommend past or present employers, teachers, work colleagues or family friends as suitable Referees.

A Referee should:

- Not be related to you or live at the same address as you
- Have known you preferably for more than 12 months
- Be able to support your application and be over the age of 18 years

**Please list your Referees:**

Full Name:

Phone:

Mobile:

Full Name:

Phone:

Mobile:

# Reference by Pastor

## School of Leadership

Applicant's Full Name:

Applicant's Phone Number:

### INSTRUCTIONS FOR PASTOR

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

#### Purpose of Report

The purpose of this report is to help establish the suitability of the applicant for working professionally in ministry.

When making selection decisions we look at the applicant's ability to complete a course at tertiary level, their communication skills, personal qualities, background interests and involvement.

If you have any reservations regarding the applicant's suitability or other information that you think would help us make our decision, please include this in your answers.

Feel free to contact us:

Christchurch Campus (03) 377 2364  
or Hamilton Campus (07) 853 0777

#### Criteria for Reference by Pastor

Your pastor should:

- not be related to you.
- have known you preferably for more than 12 months.
- be able to support your application.

**Please return this report as soon as possible as this application cannot be processed until this is received.**

### CONFIDENTIAL REFERENCE

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you know the applicant well enough to complete this form?  Yes  No

4. What Course is being applied for?

5. Please give a brief comment on the applicant's Christian service:

6. Is the applicant currently involved in ministry? If so, in what way?

7. Are there any additional comments on the applicant's character and attitudes that you have observed?

## APPLICANT'S BEHAVIOUR AND ATTITUDES

Please tick the box that best represents your opinion of the applicant's behaviour and attitudes.

Behaviour and Attitudes	Excellent	Good	Average	Poor	Very Poor
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward other Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for this course?  Yes  No

Additional Comments:



## PASTOR'S DETAILS

Full Name:

Church:

Position Held:

Address:

Post Code:

Email Address:

Home Phone:  Mobile:

Signature:  Date:

## PLEASE RETURN TO OUR VISION COLLEGE CAMPUS

### Hamilton Enrolments:

Post to: Vision College Admin  
21 Ruakura Road  
Hamilton 3216

Fax 07 853 0223  
Enquiries 0800 834 834  
Administration 07 853 0777  
Email [admin@visioncollege.ac.nz](mailto:admin@visioncollege.ac.nz)

### Christchurch Enrolments:

Post to: Vision College Admin  
334 Manchester St  
Christchurch 8013

Fax 03 366 9271  
Enquiries 0800 834 834  
Administration 03 377 2364  
Email [christchurch@visioncollege.ac.nz](mailto:christchurch@visioncollege.ac.nz)

# Reference by Referee

## School of Leadership



Applicant's Full Name:

Applicant's Phone Number:

### INSTRUCTIONS FOR REFEREE

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

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Feel free to contact us:  
Christchurch Campus (03) 377 2364  
or Hamilton Campus (07) 853 0777

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Your referee should:

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- have known you preferably for more than 12 months.
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Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for this course?  Yes  No

Additional Comments:



## REFEREE'S DETAILS

Full Name:

Church:

Address:

Email Address:

Phone:  Mobile:

Signature:  Date:

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