# Application Form

## Elim Missionary College Mission Training Program, 10th Jan – 29th Mar, 2027

*Please completely fill out all information and return this form to emc@sdarm.org.au*

## Personal Details

First Name: _____ Surname: _____

Age: _____ Date of Birth: ____/_____/_____ Gender: ☐ M ☐ F ☐ Single ☐ Married

Postal Address: _____ City: _____

State/Province: _____ Postcode _____ Country: _____

Telephone: ( ) _____ E-mail address: _____

Educational level: ☐ High School (or equivalent) ☐ TAFE (subject(s) _____ )

☐ University (number of years _____ )

Language: I read English ○ fluently ○ well ○ fairly ○ poorly

I speak English ○ fluently ○ well ○ fairly ○ poorly

Besides English, I speak _____ ○ fluently ○ well ○ fairly

I attend the Seventh Day Adventist Reform Movement church in:

City: _____ State / Province: _____

## Medical Information

Please list any allergies: _____

Do you have any medical condition that might affect your ability to participate in strenuous physical activities or extended periods of study? ○ Yes ○ No If yes, please describe: _____

_____

## International Students

*(For applicants outside of Australia only)*

Passport number: _____ Expiry: _____ Issuing Country: _____

## Application Questions

*Feel free to use an additional sheet of paper for your answers.*

1. Reason for attending the training program:

2. What do you plan to do as a result of your training?

3. What do you expect in this program?

4. What are you willing to sacrifice to be a worker in the Lord's vineyard?

5. Previous and present religious experience—religious background and brief testimony:

6. Why should we accept you as a student?

## Program Stream (Select One)

☐ Mission Core *(First two months, Jan 10 – Feb 28)*
☐ Mission Extended *(Full program, Jan 10 – Mar 29)*

## Student Commitment

I am willing, by the grace of the Lord, to comply with the rules of Elim Missionary College and to be in attendance to the entire program from beginning to end.

Signature of Applicant _____

## Recommendation

*To be completed by SDA Reform Movement minister or elder:* I _____, minister/elder in _____ Field / Union, have read the above, am in wholehearted agreement, and recommend that _____ attend the Elim Missionary College Mission Training Program.

Signature (required) _____ Contact telephone number _____

## Application Submission

Mail: Elim Missionary College, PO Box 132 Riverstone, NSW 2765 AUSTRALIA
Email: emc@sdarm.org.au