



Please indicate the course  DMS 1  DMS 2 Application Date

## 1. Personal Information

First Name

Surname

Address

Suburb  Postcode

Home phone  Mobile Number  Date of Birth

Email Address  Male  Female

## 2. Spiritual Information

How long have you been a Christian?  Years

Have you been baptized in water? Yes  No

Have you been baptized in water with the evidence of speaking in tongues? Yes  No

Why do you want to do Discipleship Ministry School \_\_\_\_\_

Is Melbourne Life Christian Church your Home Church? Yes  No  Kew West

Whose home group do you attend? \_\_\_\_\_

Are you willing to attend the **full** length of the school? Yes  No

## 3. Gifting

Every DMS student will be on a roster for set up, pack up or hospitality. However there are additional areas of service. If you are interested in being involved in any of the areas below please tick the appropriate boxes.

- Administration
- Hospitality
- Set p
- Singing
- Music

What instrument(s) do you play? \_\_\_\_\_

Other areas: \_\_\_\_\_

## 4. From Another Church

Please complete this section if Melbourne Life is **not** your home church.

Which church do you attend? \_\_\_\_\_

Who is your pastor/leader? \_\_\_\_\_

How often do you attend this church? \_\_\_\_\_

Church Phone: \_\_\_\_\_ Church/Pastor's Mobile: \_\_\_\_\_

Can we contact your pastor / leader regarding this application? Yes  No

Are you involved in the life of your church? Yes  No

If yes, please specify how? \_\_\_\_\_

## 5. Financial Information

We believe that as part of discipleship it is important to believe God for finances. We would not like to see anyone miss out due to financial difficulties. If finances are a problem please speak to one of our pastors.

The fee for this Discipleship Ministry School includes: *The full camp cost*

*Registration for Manifest Conference 2010*

Standard Registration \$335.00 per person

(Must be paid by 21st February 2010)

Early Bird Registration \$300.00 per person

(Must be paid by 31<sup>st</sup> December 2009)

Please indicate how you intend to pay your fees? Early Bird  Standard registration  Payment Option

**A. Early Bird Option:** \$300.00

(Full payment must be paid by 31<sup>st</sup> December '09 in order to qualify for early bird option.)

**B. Standard Registration Option:** \$335.00

(Full payment must be paid by the commencement of the school.)

**C. Payment Plan Option**

**1<sup>st</sup> Installment** Deposit on application: \$135.00

**2<sup>nd</sup> Installment** 31st December '09: \$135.00

**Final Payment** On or before

Sun 21<sup>st</sup> February 2010 \$65.00

If you require another payment arrangement, then please discuss with Herman Ng (E.G. monthly payments till end of March)

**Office Use Only**

Deposit

\$

Balance

\$

Paid by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Frequency of payment

Amount per payment

\$

Anticipated full payment to be made by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 6. Release of Liability

I/We hereby release and hold harmless Melbourne Life Christian Church Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by me/us during my/our attendance at, or involvement with, activities/meetings and in the course of involvement with Melbourne Life Christian Church Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicant is under 18 years of age, parent/ guardian must sign and the name and relationship of that parent/guardian is required.

Guardian Name \_\_\_\_\_ Relationship: \_\_\_\_\_

## 7. Consent for Treatment

In the event of medical treatment being required while on or at any DMS event, I/we hereby consent to any required treatment, anesthetics and operations, which in the opinion of the attending paramedic/physician is deemed necessary on

(Applicants Full Name) \_\_\_\_\_

Are there any allergies we need to be aware of? Yes  No  If yes, please describe \_\_\_\_\_

Are you under doctor's supervision? Yes  No

Are you taking any medication? Yes  No

If yes for either of the above, what is this for? \_\_\_\_\_

Do you have Private Health Insurance? Yes  No

Fund: \_\_\_\_\_ Member No: \_\_\_\_\_

Do you have Ambulance cover up until September 2010? Yes  No

Signature: \_\_\_\_\_

If applicant is under 18 years of age, parent/ guardian must sign. Name and relationship of parent/guardian is also required.

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 8. Participant Declaration

### Student Statement

To the best of my ability I agree to miss no more than 10% of the school year. I agree to attend the full Victory weekend & DMS camp; to become actively involved where possible in other areas within the life of MLCC or in my own church. I agree to participate in Manifest Conference in April 2010. I agree that it would be highly beneficial for me to be involved in a church Home Group.

I declare that all the information I have given on this application form is true and correct to the best of my understanding and I have not withheld any information that could affect my time at Discipleship Ministry School.

I agree to abide by the rules and decisions of the appointed leaders of Discipleship Ministry School. I understand that failure to follow directives from such leaders could result in my termination in the school, or not being able to participate in all its activities. Failure to do so may incur suspension from the school.

### Cancellation Policy

It is expected that when students enroll they will continue through the entire school. However in cases of termination or withdrawal from the school, due only to an emergency within the first two weeks of school, tuition fees will be refunded.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If applicant is under 18 years of age, parent/ guardian must sign)

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 9. Parental Guardian Consent

If you are under the age of 18 years, then you are required to have your parent/guardian fill in this section.

I / We, (*Parent Guardian Name*) \_\_\_\_\_ as parent(s)/guardian(s), agree to allow (*Applicant*) \_\_\_\_\_ to participate in the Discipleship Ministry School retreat and understand and agree to all of the conditions in the declaration above.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 10. Payment

**Credit Card Payments:** (Please Tick)

VISA  MASTERCARD

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp: \_\_/\_\_/\_\_ Name on Card: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Upon completion of this form, please fax back to the Melbourne Life office on 03 9855 1764. You can also lodge the application in person at our church office located at 160-162 Pakington Street, Kew, or at the information desk at any of our church services.

For more information please call 03 9852 8858, or email [dms@melbournelife.org.au](mailto:dms@melbournelife.org.au)

**THANK YOU,  
WE LOOK FORWARD TO SEEING YOU AT DMS IN 2010**

### For Office Use Only:

Deposit / Amount Paid:

Balance Due:

Method of Payment: Cash  Cheque  Eftpos

Date Received:

Receipt No: