



Paradise College of Ministries

Off Campus Group - Application Form

If you wish to host a Paradise College of Ministries Off Campus Group in your church, please complete the following information and return this form to the College office.

Church Details

(Church Trading Name) (Phone No.)

(Site Address)

(Suburb) (Postcode)

(Church Legal Name) (ABN)

Is your church part of the ACC Religious Grouping for Taxation Purposes Yes / No

(ACC Church Member Number -if part of the ACC denomination)

Please complete the following details for your church bank account. The group discounts will be paid quarterly into the church bank account. Notification will be made to the Group Co-ordinator at the time of payment.

(Bank Account Name)

(Bank Name)

(BSB Number) (Bank Account Number)

Pastor's Details

(Pastor's Name) (Phone No. – Home Mobile)

(Postal Address)

(Suburb) (Postcode)



Group Co-ordinator's Details

(Co-ordinator's Name) (Phone No. – Home Mobile)

(Postal Address)

(Suburb) (Postcode)

Exam Supervisor's Details

Note: This is only necessary if the Group Co-ordinator is also an enrolled student.

(Co-ordinator's Name) (Phone No. – Home Mobile)

(Postal Address)

(Suburb) (Postcode)

Confidentiality Agreement

I agree to not disclose any personal, financial or academic information to a third party about students enrolled in Paradise College of Ministries who are studying as part of the above group and I agree to keep all such records in a secure and confidential place.

(Group Co-ordinator's Signature) (Date)

If there are other church personnel carrying out duties on behalf of the group co-ordinator they must be indicated below, signing and acknowledging the above confidentiality statement.

(Name) (Role)

(Signature) (Date)

(Name) (Role)

(Signature) (Date)

(Name) (Role)

(Signature) (Date)