

Please paste a recent personal photograph or passport photo in this box.
Thank you.
This may be sent electronically

APPLICATION FORM ~ *New Life Programs*

KINDLY PRINT WHEN FILLING IN THIS FORM

Choice of Program: Please tick (✓) the box next to the Program for which you are applying

Six Month Program:	February 11 – August 5, 2018	
Three Month Programs:	September 10 – December 3, 2017	
	February 11 – May 5, 2018	
	September 9 – December 2, 2018	

Personal details

Full Name () _____
Title Family Name Christian Names

Name by which you like to be called _____

Address _____
_____ Post Code _____

Postal Address _____

Telephone () _____ Fax No. () _____ Mobile: _____

E- Mail Address _____ Date of Birth _____

Citizenship _____ Passport Number (if applicable) _____

Present Occupation or Ministry _____

Previous Work/Ministry Experience _____

Please write a brief statement about what you would hope to gain from participation in a New Life program.
(If you wish, write on a separate sheet of paper and attach this to your application.)

Kindly forward completed application form to:

The New *Life* Director
Marymount Mercy Centre
P.O. Box 307
Castle Hill, NSW, 1765
AUSTRALIA

Inquiries welcome by mail, phone, fax, or email
Phone: (02) 9651 1340. International: 61 2 9651 1340
Fax/phone: (02) 9651 1424. Intern/l: 61 2 9651 1424
E-mail: marymountch@gmail.com
Website: www.marymount.com.au