

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

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

### **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](mailto:marymountch@gmail.com)  
Website: [www.marymount.com.au](http://www.marymount.com.au)