

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 10 – August 4, 2019	
Three Month Programs:	September 9 – December 2, 2018	
	February 10 – May 4, 2019	
	September 8 – December 1, 2019	

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
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