

HOPE COLLEGE

Hope of the Gold Coast Ltd ABN 72 070 512 560

PO Box 35 Bond University QLD 4226 Ph: (07) 5501 8000 Fax: (07) 5501 8060

Private and confidential

PASTORAL REFERENCE FORM - CHAPLAINCY

To be completed by the Pastor of the potential student seeking entry into Chaplaincy training

NAME OF PASTOR: _____ **PHONE (Bus. Hours):** _____

NAME OF CHURCH: _____

**NAME OF APPLICANT
(potential student):** _____

Due to the very personal and ethical nature of Chaplaincy and the responsibilities associated with this ministry, it is necessary for Hope College to ask the following questions to assist the potential student in identifying if Chaplaincy is a suitable ministry choice for them.

Instructions for Pastor - please complete the following questions:

1. How long have you known the applicant? _____ years _____ months.
2. In your opinion, would the applicant be spiritually, physically and emotionally capable of performing the requirements of Chaplaincy and able to abide by the Chaplains Code of Professional Conduct (outlined on page 2)?

Yes No

Reasons:

3. Should the applicant be successful and enrol in Chaplaincy training, is your church able to provide the applicant with volunteer community based ministry opportunities where they can gain chaplaincy skills and experience.

Yes No

If yes, what ministry opportunities are available:

If no, can you recommend another organisation that may provide such opportunities:

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4. Is there any information that you feel needs to be taken into consideration in respect of this application?

5. On the basis of the above, the applicant is:

- Strongly recommended for Chaplaincy training Recommended
 Recommended with reservations Not recommended

6. Regarding the applicant's access to the information on this form:

- a) I give permission for the applicant to read this form if required Yes No
b) The information on this form is to remain CONFIDENTIAL, and not to be accessed by the applicant* Yes No

* If you do not recommend the applicant, Hope College will advise the applicant that their reference was not supported and give the applicant opportunity to seek another reference.

Pastor's Signature: _____ **Date:** _____

Please post this reference to:
Student Registrar Hope College PO Box 35 Bond University QLD 4229

CHAPLAINS CODE OF PROFESSIONAL CONDUCT - Assemblies of God & Australian Christian Churches

The Code of Professional Conduct requires Endorsed Chaplains/Team Chaplains to be personally responsible and accountable for their practice and conduct as provided by this Code.

Members are required to:

- Be a committed Christian who holds to the Apostles Creed and the doctrines held by their relevant denomination.
- Maintain the highest ethical standards in their own personal life.
- Be trained, qualified, accredited and approved by a participating Church Authority for a professional appointment in the pastoral, spiritual and religious care of clients.
- Be personally accountable for their professional conduct to their Employing Authority and/or Church Authority.
- Respect and observe the rules and regulations of their Employing Authority and/or Church Authority.
- Maintain the highest standards of professional competence and integrity in the pastoral, spiritual and religious care of clients.
- Exercise the greatest sensitivity and discretion in matters of confidentiality, privacy and respect for clients.
- Be prepared to undertake such training and educational opportunities as may continue to improve their professional development and skills in the care of clients.
- Co-operate fully with industry professionals, chaplaincy colleagues and representatives of the Church in the care of clients.
- Respect at all times the religious faith, practice and belief systems of clients.
- Provide for the appropriate pastoral, spiritual and religious services required by clients.
- Ensure that no personal action or omission, within their own area of responsibility, is contrary to the highest standards of care or to the welfare of clients.