

Application for the 2018 New Zealand Ministries of Pastoral Care School

We are delighted that you desire to attend the 2018 New Zealand Ministries of Pastoral Care School which will be held 14–19 January, 2018 at Faith Bible College in Welcome Bay, Tauranga. This form provides us with the information needed to prepare for you to join us (for those who have attended other MPC schools, please note that we are using this PDF form rather than the previous online process). There are three steps to this application process:

1 » Fill out the application form completely and return it to us **using one of these methods:**

- Using a **computer**, complete the form on your screen, **save** it to your device, and **send** the completed form as an **email attachment** to nz.registrar@ministriesofpastoralcare.com.

Note: To fill out pdf form, a computer must be used—not a phone, tablet, or other device. Please remember to save your completed form before closing and sending document.

- Print, scan and email the completed form to nz.registrar@ministriesofpastoralcare.com.
- Print and mail to: mail to: Nigel Stables, 13 Holyoake Terrace, Omokoroa, Tauranga 3114

2 » Submit your school fee (payment options and details are listed on p. 3).

3 » Request a referral for the school from a ministry colleague or mentor who is not a family member. Please [click here](#) to access and download this referral form, or visit our website at ministriesofpastoralcare.com/schools to find the link listed under the New Zealand school.

Once we have received your completed application, registration fee, and completed reference form, our team will confirm with you via email that these have been received, and we will then prayerfully review your application. Ministries of Pastoral Care reserves the right to decline any application. Be assured that we will consider your application prayerfully and that we accept most applicants. Our conferences sometimes fill up, such that we are not able to accept every applicant. The information you provide helps us to make careful and informed choices. All information is confidential. We will notify you by email once your application has been processed. If you have any questions during the process, please email us at nz.registrar@ministriesofpastoralcare.com and we will be happy to answer your questions.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| LAST NAME | FIRST NAME |
| <input type="text"/> | |
| MAILING ADDRESS | |
| <input type="text"/> | <input type="text"/> |
| CITY | STATE/PROVINCE |
| <input type="text"/> | <input type="text"/> |
| POSTAL CODE | COUNTRY |
| <input type="text"/> | <input type="text"/> |
| CELL PHONE | EMAIL ADDRESS |

Personal Information:

| | | | | |
|---|----------------------|--------|---------------------|----------------------|
| Have you previously attended a PCM school? | Yes | No | If "Yes," how many? | <input type="text"/> |
| Have you previously attended an MPC school? | Yes | No | If "Yes," how many? | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | | | |
| CHURCH YOU ATTEND | DENOMINATION | | | |
| <input type="text"/> | <input type="text"/> | GENDER | MALE | FEMALE |
| OCCUPATION/VOCATION | YOUR AGE | | | |

If a spouse is attending, we kindly ask that each of you fill out a separate application form. If you desire to be roomed with your spouse or a same-gender friend who is coming, please list their name here:

Please indicate which of the following books written by Leanne Payne you have read or plan to read in preparation to attend this conference:

*Healing Presence**

Crisis in Masculinity

The Broken Image

*Restoring the Christian Soul**

Listening Prayer

Real Presence

*Lecturers assume that you will have read these two books.

Describe your involvement, if any, in healing prayer ministry

Are you presently, or have you ever been, involved in the occult? (astrology, new age, etc.) Yes No

If "yes", please provide us with an explanation.

Please list any medications you are taking, and for what reasons. We ask that all participants take their medications as prescribed by their physician while attending the MPCS.

Please share with us any dietary restrictions you have so that we may share this information with the hosting venue:

Please share with us any physical limitations you have (i.e. do you need a room on main floor? Near elevator? ADA accessible?)

Why do you wish to attend the 2017 New Zealand MPCS?

Thank you for completing the registration form!

We are providing here a checklist for your use to keep track of the various steps of the registration process. Have you:

Completed application form? (p. 1–2)

Submitted completed application form via mail or email? (top of page 1)

Submitted registration deposit? (p. 3)

Sent [reference form](#) to mentor/colleague?

Payment Instructions

| | | Amount of your selections |
|---|-----------------------|---------------------------|
| Residential Package | | |
| Standard Registration | NZD \$750 (USD \$535) | <input type="text"/> |
| Late Registration | NZD \$800 (USD \$580) | <input type="text"/> |
| Optional Saturday arrival | NZD \$100 (USD \$70) | <input type="text"/> |
| Special meals package | NZD \$30 (USD \$22) | <input type="text"/> |
| Non-Residential Package | | |
| Standard Registration | NZD \$500 | <input type="text"/> |
| Late Registration | NZD \$550 | <input type="text"/> |
| Special meals package | NZD \$30 (USD \$22) | <input type="text"/> |
| <i>Assist with school costs to help support an attendee who might otherwise be unable to attend »</i> | NZD \$100 (USD \$70) | <input type="text"/> |
| | NZD \$200 (USD \$140) | <input type="text"/> |
| | NZD \$300 (USD \$215) | <input type="text"/> |
| TOTAL: | | <input type="text"/> |

Please submit this application form along with your registration deposit of NZD \$100.00 (USD \$75). Our registrar will contact you once your application has been processed to request payment of the remaining amount due.

For New Zealand Residents

If you choose to pay by online by direct debit to our NZ bank account 01-0274-0424767-00, please add your name as the reference and use the code P2018.

If you prefer to mail a cheque, make it payable to NZ Ministries of Pastoral Care Charitable Trust and send:

Nigel Stables
13 Holyoake Terrace,
Omokoroa ,
Tauranga 3114

For Applicants outside of New Zealand

If you choose to mail a check, please make it payable to Ministries of Pastoral Care and send the amount in USD to:

P.O. Box 3792
Peoria, Illinois 61612-3792

If you would prefer to pay online with a credit or debit card, please visit our website at ministriesofpastoralcare.com/donation-page and send USD \$75.00 using a credit or debit card.

Restoring souls through union with Christ