



*“Then Jesus came to them and said,
“All authority in heaven and on earth has been given to me. Therefore go and make
disciples of all nations, baptizing them in the name of the Father and of the Son and of the
Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am
with you always, to the very end of the age.”
(Matthew 28:18-20)*

Dear Fellow Worker,

Thank you for your interest in the METRO traineeship.

The basis of the METRO traineeship is a commitment to obey Jesus' command to “make disciples”. This represents a unique opportunity for your church to be engaged in the task of training men and women in ministry for Christ in such a way that they “think like Jesus, serve like Jesus, and live like Jesus”. To apply for these programs please do the following:

1. Download, if you haven't already done so, the METRO application form from the METRO website (metrotraineeship.org.au).
2. The application form is in 3 parts and needs to be completed by:
 - a) The proposed trainee
 - b) The proposed trainer
 - c) The Senior Pastor or Session Clerk
3. The completed application form must to be mailed to the METRO Committee by the proposed trainer. The address is: **METRO Committee PO BOX 10, Epping, VIC. 3076.**
4. Forms must be received by the METRO Committee by the end of August
5. Once the proposed trainer has sent the application to the METRO Committee, they will then make contact to arrange a face-to-face or phone interview at which both trainer and trainee need to be in attendance.
6. A decision regarding your application will be made and you will be contacted by no later than *mid-October*

In Christ,

METRO Committee
contact@metrotraineeship.org.au



PART 1

CHURCH APPLICATION

To be completed by Senior Pastor or Session Clerk

PROPOSED TRAINEE & TRAINER DETAILS	
Trainee Applicant's Name	
Trainee is a Communicant Member of this congregation?	YES / NO
Trainer Applicant's Name	
Trainer is a Communicant Member of this congregation?	YES / NO

YOUR CHURCH	
Name of Church	
Name of Minister	
Minister's Phone Number	
Minister's Email Address	
Name of Session Clerk	
Session Clerk's Phone Number	
Session Clerk's Email Address	

ABOUT METRO FUNDING

While we recognise that a METRO trainee will be involved in Gospel work, the emphasis on his/her involvement in METRO is training. As such, payments given to METRO trainees for their living is seen as a training grant rather than a wage for working.

Training people for Gospel ministry is a worthwhile commitment that will require generous financial sacrifice (2 Cor 8:13-16) from local churches for the sake of God's kingdom. Many churches elect to pay the whole cost of the METRO traineeship, whilst other churches can only afford the trainee with assistance from the METRO Committee. The cost for a METRO trainee is \$36,000. This includes their income, superannuation and Workcover.

If financial assistance from the METRO committee is required, the committee will determine the level of funding based in part on the church's willingness and ability to contribute financially to the traineeship and the trainees ability to fundraise. The inclusion of an up-to-date APR with this application is essential. At the most, METRO will match \$2 for every \$1 raised by a combination of the church and the trainee. The maximum amount that a METRO grant will be is \$24,000.

It is important to realise METRO grants are limited and we try to apply these where the needs are greatest. There is no guarantee of any particular level of funding for your church. To aid your church's financial planning, as much as possible, we will attempt to make the grant offered for the first year consistent with the grant offered in the second year. METRO will also require financial information with trainee and trainer applications to aid us in our decision-making.

For trainees who are married and have children, additional funding may be available. METRO, on behalf of your church, will negotiate with the relevant bodies for this funding to be made available, but cannot guarantee that it will be.

The METRO Committee may also withdraw funding at any time if the trainee fails to meet the requirements of METRO (e.g. failing to report regularly, should a trainee leave the church, should a trainer leave the church and a suitable replacement trainer not be found).

Do you understand and agree with the above?	YES / NO
What level of funding per year is the Church will to commit to your trainee?	\$_____
What level of fundraising per year is the trainee confident they can achieve?	\$_____
If financial assistance from the METRO committee is not granted, would you still be interested in being part of the METRO program?	YES / NO

SESSION / CONGREGATIONAL SUPPORT

The METRO committee requires an extract minute from the Session stating:

- The Session's approval of the proposed METRO trainee
- The Session's appointment of the METRO trainer
- The Session's decision regarding the amount of financial support the church is willing to make.

Please attach this extract to this application.

(Example motions by Session can be found in the 'Training Churches' section of the METRO website (metrotraineeship.org.au) by following the link to the METRO Application Timeline and Checklist.)

CHURCH'S STATEMENT

The information contained in this application is correct to the best of my knowledge.

I also agree to have completed the following with the submission of this application:

- I have attached an extract minute from either a Session or Congregational Meeting approving the funding and employment of a proposed METRO trainee.
- I have attached an updated APR and a church budget which includes the first year of the proposed METRO trainee.
- I am aware of and the church will comply with the superannuation requirements for a METRO trainee.
- I am aware of and will ensure that our church complies with the PCV's "Safe Church" policy and "Working with Children Check" requirements should the METRO trainee work with children and/or minors.
- I am aware of and the church will comply with any tax, WorkCover and other statutory requirements that arise from having a METRO trainee.
- I am aware of and the church will comply with a contract for the duration of the METRO traineeship which includes leave entitlements (a proforma contract will be sent to you if your application is successful).

Today's Date:	
Name of Signatory	
Role in Church	
Signature	



PART 2

METRO TRAINER APPLICATION FORM

With this application form please attach:

- A colour photo of yourself

PROPOSED TRAINER DETAILS	
First Name	
Last Name	
Gender	
Date of Birth (dd/mm/yyyy)	
Address	
Suburb	
State	
Postcode	
Home Phone	
Mobile Phone	
Email	

PROPOSED TRAINEE DETAILS	
First Name	
Last Name	
Is the proposed trainee a Communicant member of the church?	YES / NO
Has the proposed trainee had a medical check-up completed by a GP?	YES / NO

WORKING WITH MINORS

Have you ever been involved in, accused of or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES / NO

Please provide your Working With Children Check Number & expiry date

Have you read PCV's "Safe Church" Policy in relation to working with children? YES / NO
An electronic copy is available in the 'Resources' section of the METRO website (metrotraineeship.org.au)

YOUR CHURCH

Name of Church

Website

Name of Minister (If Not You)

Name of Session Clerk

Are you a Communicant member of this church? YES / NO

How long have you been a Communicant member? _____ years

Please detail your historical and current involvement at your church.

ABOUT YOU

Tell us how you became a Christian?

ABOUT METRO

Finish this sentence, "I want to be involved in METRO because..."

What do you think is required of you as a trainer in METRO? How many hours in a week do you estimate you would need to prioritise in order to equip your trainee?

ABOUT YOUR TRAINEE

Describe your present relationship with your proposed trainee. Please give some detail.

What do you think are your proposed trainee's strengths?

What do you think are your proposed trainee's weaknesses?

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge.

I authorise any churches listed in this application to give you any information they may have regarding my character and suitability for METRO.

I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the PCV's "Safe Church" Policy, my signed contract, and the policies and decisions of the METRO Committee, and to refrain from unscriptural conduct in the performance of my services on behalf of METRO.

Today's Date:

Signature:



PART 3

METRO TRAINEE APPLICATION FORM

With this application form please attach:

- A colour photo of yourself
- A completed Medical checkup (or have asked your Doctor to forward it to the METRO Committee)

PROPOSED TRAINEE DETAILS	
First Name	
Last Name	
Gender	
Date of Birth (dd/mm/yyyy)	
Address	
Suburb / Town	
State	
Postcode	
Home Phone	
Mobile Phone	
Email	
Marital Status (if applicable)	
Spouse's name	
Children's name/s (if applicable)	
If married with children, would you like to be considered for family funding? YES / NO	
If yes, METRO, on behalf of your church, will negotiate with the relevant bodies for this funding.	

PROPOSED TRAINER DETAILS	
First Name	
Last Name	

YOUR CHURCH	
Name of Church	
Website	
Name of Minister	
Name of Session Clerk	
Are you a Communicant member of this church?	YES / NO
How long have you been a Communicant member?	_____ years
Please detail your historical and current involvement at your church.	

YOUR HEALTH
<p><i>Please complete a medical check-up according to the attached form.</i></p> <p>Do you suffer from any health problems that would limit your ministry ability? If so, describe them.</p>

ACADEMIC HISTORY
<p>Please list your Academic history and results starting with high school.</p>

WORK HISTORY

Please list your Work history since leaving high school.

WORKING WITH MINORS

Have you ever been involved in, accused of or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES / NO

Please provide your Working With Children Check Number & expiry date.

Have you read PCV's "Safe Church" Policy in relation to working with children? YES / NO
An electronic copy is available in the 'Resources' section of the METRO website (metrotraineeship.org.au)

ABOUT YOU

Tell us how you became a Christian?

List your personal strengths and explain how they are helpful to you:

List your personal weaknesses and why they are a problem for you:

ABOUT METRO

Finish this sentence, "I want to be involved in METRO because..."

If married, what does your spouse think about you becoming a METRO trainee? (or boyfriend/ girlfriend)

It is likely that during METRO you will receive a smaller income than you have been used to. How will this affect you and (if applicable) your family?

ABOUT YOUR TRAINER

Describe your present relationship with your proposed trainer. Please give some detail.

What do you think are your proposed trainer's strengths?

What do you think are your proposed trainer's weaknesses?

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge.

I authorise any churches listed in this application to give you any information they may have regarding my character and fitness for METRO.

I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the PCV's "Safe Church" Policy, my signed contract, and the policies and decisions of the METRO Committee, and to refrain from unscriptural conduct in the performance of my services on behalf of METRO.

Today's Date:

Signature:



MEDICAL EXAMINATION REPORT FOR METRO TRAINEESHIP

To be completed by Trainee before they present themselves for examination

PROPOSED TRAINEE DETAILS	
Name	
Date of Birth (dd/mm/yyyy)	
Address	

EXAMINING DOCTOR DETAILS	
Name	
Address	

Have you ever suffered from any physical or mental condition requiring attendance at hospital?	YES / NO
Have you ever been rejected for, or lost employment on the grounds of being considered medically unfit?	YES / NO
How long have you been under your family doctor's care?	____ years
Have you consulted him/her on any occasion during the last three years?	YES / NO
Have you any personal or family history of mental illness, stress disorder, tuberculosis, diabetes, high blood pressure, heart disease, stroke, cancer or premalignant condition?	YES / NO
Are you currently on any anti-depressant or psycho-therapeutic medication?	YES / NO
Have you had an X-ray examination, or other pathology tests, during the last three years?	YES / NO
Is there any other medical condition of which you are aware which might affect your suitability for a METRO traineeship?	YES / NO
Do you take any medication regularly or intermittently?	YES / NO
Is there anything in your history or lifestyle that may put you at risk of HIV (AIDS)?	YES / NO
Are you agreeable to the examining doctor seeking further information from your family doctor if he/she considers it necessary?	YES / NO

If the answer to any of the above questions is "Yes", please attach further details to this form.
Trainees will also be expected to provide a urine sample at the doctor's examination.

APPLICANT'S STATEMENT	
I certify that to the best of my knowledge the particulars given above (and any attached details) are correct.	
Today's Date:	Signature:

EXAMINING DOCTOR'S REPORT

Proposed Trainee's Name:

Height _____ cm

Weight _____ kg

Blood Pressure _____ / _____

Vision	a) Without Glasses	R 6 / _____	L 6 / _____
	b) With Glasses if worn	R 6 / _____	L 6 / _____
	c) Colour Vision	Normal	Abnormal
Ears, Nose and Throat		Normal	Abnormal
Hearing (Method used.....)		Normal	Abnormal
Respiratory System		Normal	Abnormal
Digestive System		Normal	Abnormal
Genito Urinary System		Normal	Abnormal
Locomotion		Normal	Abnormal
Skin		Normal	Abnormal
Are there any abnormal lymph glands present?		No	Yes
Is there any evidence of Hernia?		No	Yes
Is there any evidence of Varicose Veins?		No	Yes
Is there any physical deformity?		No	Yes
Is there any evidence of Glycosuria?		No	Yes
Is there any evidence of Haematuria?		No	Yes
Is there any evidence of Albuminuria?		No	Yes
Do you consider that any special investigations should be performed or results of any already performed obtained? (Do not go ahead without further authority from the patient)		No	Yes

Details & Comments

DOCTOR'S STATEMENT

I certify that to the best of my knowledge the particulars given above (and any attached details) are correct. In my opinion the candidate is fit / unfit (*circle one*) to undertake a traineeship in the capacity for which he has applied.

Today's Date:

Signature:

Official Appointment:

Qualifications:

Completed Doctor's Report to be sent to: METRO Committee
PO BOX 10, Epping, Victoria, 3076