

**PERSONAL DETAILS**

*(please write clearly, using full names, correct dates etc.)*

Title:  Miss  Ms  Mrs  Mr  Rev  
 Pastor  Dr  Other .....

First Name: .....

Preferred First Name: .....

Middle Name/s: .....

Family Name:.....

Previous Family Name: .....

Date of Birth (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

Gender:  Female  Male

Phone (home): .....

Mobile / Cell Phone: .....

Phone (work): .....

Fax: .....

Email: .....

Address While Studying:.....

.....

Postcode: .....

Postal Address: .....

.....Postcode: .....

Blue Card No.: ..... Exp.:.....

**MARITAL STATUS**

Are you currently engaged to be married?  
 No  Yes

If yes, expected date of marriage? .....

Are you married?  No  Yes

Years married? .....

Name of Spouse:.....

If your spouse in full agreement to you attending College?

No  Yes

Name, Age and Gender of Children: .....

.....

.....

**NEXT OF KIN  
EMERGENCY CONTACT**

Name of Next of Kin: .....

Relationship to You: .....

Address of Next of Kin: .....

..... Postcode: .....

Country: .....

Phone: (.....)

**CHURCH DETAILS**

Church Name: .....

Church Address: .....

Church Phone: .....

Church Email: .....

Denomination: .....

Minister's Name: .....

How long have you attended this church?.....

What involvement have you had in your church? .....

.....

.....

Why have you chosen to attend Bible College? .....

.....

.....

**OFFICE USE ONLY**

Student No.: .....

Course:  Cert IV  Dip CLEAD  
 Dip MIN

RPL Application:  No  Yes

Course Commencement Date:  
 (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

Processed by: .....

**CULTURAL BACKGROUND**

Are you of Aboriginal and / or Torres Strait Islander origin?  
 No     Yes, Aboriginal     Yes, Torres Strait

Country of Birth: .....

If born overseas, year of arrival: .....

Country: .....

Citizenship\*: .....

\*Please supply certified copy of Birth Certificate or Passport

If you are not an Australian citizen, are you a Permanent Australian Resident?

No  Yes If yes, you must provide evidence of Residency

**ENGLISH PROFICIENCY**

Do you speak a language other than English at home?

No  Yes If Yes, which language? .....

\*If English is not your first language, you may be required to complete an English Proficiency test

If you have completed an English Proficiency test" -

Name of English Language Test completed: .....

Test Date\*: \_\_\_/\_\_\_/\_\_\_ Test Score: .....

\*Please include a certified copy of the Test Results

**EXPERIENCE (OPTIONAL)**

Including Leadership/Voluntary/Ministry\*

\*Please attach more documents if necessary

1. Period of Service: .....

Position: .....

Organisation: .....

Key Activities: .....

2. Period of Service: .....

Position: .....

Organisation: .....

Key Activities: .....

3. Your Current Occupation: .....

Employer's Name: .....

Employer's Contact Details: .....

**PREVIOUS EDUCATION**

*Secondary Level*

(please include certified copy of academic record / award)

School Attended: .....

School Address: .....

.....

Country: .....

Year 12 completed?     No     Yes

If No, list year last enrolled: \_\_\_/\_\_\_/\_\_\_

If Yes, list year completed: \_\_\_/\_\_\_/\_\_\_

*Tertiary Level*

(please include certified copies of academic transcripts)

Have you studied at TAFE /Vocational level?

No  Yes

Higher Education level?     No  Yes

Institution 1: .....

Qualification Gained: .....

Student No.:        Year award granted: \_\_\_/\_\_\_/\_\_\_

If incomplete, year withdrew: \_\_\_/\_\_\_/\_\_\_

Institution 2: .....

Qualification Gained: .....

Student No.:        Year award granted: \_\_\_/\_\_\_/\_\_\_

If incomplete, year withdrew: \_\_\_/\_\_\_/\_\_\_

If you are an Overseas Student -

Country of Studies: .....

Language of Studies: .....

Are you currently studying elsewhere?  No  Yes

If Yes, complete the following

Institution: .....

Course Name: .....

Part-time         Full-time

Have you ever received study support in the form of HECS and / or FEE-HELP?     No  Yes

If yes, please give details: .....

.....

.....

# APPLICATION FOR ADMISSION

## DISABILITY

Do you have a disability, impairment or long term medical condition which may affect your studies?

- No  Yes

If Yes, please indicate:

- Hearing  Vision  Learning  
 Medical  Mobility  
 Other .....

If you indicated Yes, would you like to receive advice on support services, equipment and facilities which may assist you?

- No  Yes

## MEDICAL

Are you currently on any medication or presently under a doctor's care?  No  Yes

Have you been hospitalised within the last 12 months?  No  Yes

Do you currently experience or have you had a history of medical or physical illness?  No  Yes

If you answered yes to any of these questions, please provide details: .....

.....  
 .....  
 .....

## CHRISTIAN LIFE DETAILS

Date of Salvation \_\_\_ / \_\_\_ / \_\_\_

Water Baptism \_\_\_ / \_\_\_ / \_\_\_

Have you had any moral failings with in the last 12 months?  No  Yes

Attach a 300 word summary of your Christian experience including your conversion, life since conversion and involvement in church life.

## POLICE DETAILS

Do you have a criminal record?  No  Yes

If yes, give details.....  
 .....  
 .....

## COURSES

Please indicate which course you are seeking admission into:

- Certificate IV in Contemporary Leadership (91301NSW)  
 Diploma of Contemporary Leadership (91301NSW)  
 Diploma of Ministry (91392NSW)\*\*

*\*\*Only open for enrolment to students who have completed a Certificate IV in Ministry at another institution*

## CREDIT FOR PREVIOUS STUDY

Would you like to apply for credit for previous study?  No  Yes

If Yes please provide certified copy of transcript of previous study and complete separate application form

## COURSE ADMISSION

When do you wish to begin studying?

- February (Semester 1)  
 July (Semester 2)

Intended modes of study:

- Part-time\*\*  Full-time

\*\*If part-time, please list the subjects you will be completing:

.....  
 .....  
 .....

Will you be studying your subjects:

- Assessed  Non-Assessed (no official result given)

## MARKETING

How did you find out about Metro Leadership College?

- Website  
 MLC Student  
 MLC Staff  
 Church  
 Word of Mouth  
 Direct Mail  
 Conference / Exhibition  
 Advertising  
 Other

**WITHDRAWAL & REFUND**

**Refund Policy for Australian Students**

Students may withdraw from courses without academic penalty only if notice of withdrawal is submitted in writing to the Registrar by 4:00pm on the Census Date applicable to the subject in question. If withdrawal occurs up to 4:00pm on the Census Date, the tuition fees will be refunded but a withdrawal penalty will be charged to the student and payable immediately. Beyond this time, tuition fees will not be refunded.

I understand the *Withdrawal and Refund Policy* of Metro Leadership College Brisbane and accept this policy.

**PRIVACY LEGISLATION**

Alphacrucis and Metro Leadership College Brisbane require the information requested on you in this form in order to provide you with education services and to cater for particular student's needs. If you do not provide all the relevant information, we may not be able to provide such services and to assess your academic progress.

Please also note that Alphacrucis and Metro Leadership College Brisbane may provide your personal information and sensitive information to third parties (e.g. educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as DEST, Centerlink and the Department of Immigration) in order to provide you with education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Privacy Officer.

**DISCLAIMER**

It is the College policy that all students will abstain from the use of alcohol, illegal drugs and tobacco during their time at College.

I will abide by this policy and hereby declare that all of the information I have given here is correct. I am confident that this is God's will. If accepted, I undertake to submit to the requirements and discipline of the College and at all times to conduct myself as one called by God to represent Him in the world.

During your time at College photographs may be taken for promotional reasons – please advise the College before commencement if you have any objection to this.

**DECLARATION**

I understand and accept the Withdrawal and Refund arrangements of Metro Leadership College; I understand and accept the Privacy Legislation of Metro Leadership College and I understand and accept the Disclaimer outlined by Metro Leadership College.

I wish to be considered for entry into the program that I have nominated. I declare that the information that I have provided herein is true and accurate to the best of my knowledge:

**Signature:** ..... **Date** (dd/mm/yyyy)    \_/ \_/ \_

If under 18 years of age, a parent or guardian must sign this form:

**Parent/Guardian Signature:** ..... **Date** (dd/mm/yyyy)    \_/ \_/ \_

**APPLICATION CHECKLIST**

Please ensure that you include the following documents with your application. Incomplete applications **CANNOT** be processed.

**All Applicants:**

- Certified copies\*\*** of Birth Certificate, Passport or Permanent Residents Visa  
*(must be passport if International applicant)*
- Certified copies\*\*** of Academic Transcripts
- Application Fee or Late Application Fee
- 300 word summary of your Christian Experience including your conversion, life since conversion and involvement in church life
- Pastoral Reference Form

**\*\*Certified copies mean that the copy of the Birth Certificate, Passport or Permanent Residents Visa you submit with your application MUST be sighted and signed by a Justice of the Peace or Commissioner of Declaration.**

Please send this completed application form, and the required attachments to:

ADMISSIONS  
METRO LEADERSHIP COLLEGE BRISBANE  
PO BOX 554  
NEW FARM QLD 4005  
AUSTRALIA

Please accept payment of my Application Fee by:

- Cash *(please note: cash cannot be sent by post)*

**OR**

- Cheque *(Please make all cheques to Metro Leadership College Brisbane and attach cheque to Application Form)*

**OR** Credit Card       Visa       MasterCard

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)