

# APPLICATION FORM

Please ensure the information on this application is full and correct as it will be used for correspondence with Centerlink in the event that you are accepted to Metro Leadership College (i.e. Use Full Names as shown on passport, correct date, and country of birth etc). Please ensure that you print clearly.

## COURSE DETAILS:

- 1 Year: Certificate IV in Contemporary Leadership (2 Years: Diploma in Contemporary Leadership)  
 1 Year: Diploma of Ministry (ONLY available for students who have completed a Certificate IV in Ministry at another institution)

Preference of Study:  Full Time  Part Time - \_\_\_\_\_  
(Part-time ONLY - List subject/s to be completed)

Will you be completing your studies as an assessed or non-assessed student?  Assessed  Non-Assessed

What semester do you plan to commence? Semester 1 (February)  Semester 2 (July)

I am interested in applying for Transfer of Credit / Recognition of Prior Learning

I am interested in accommodation options

## PERSONAL DETAILS:

(use full names, correct dates and country of birth, etc. as shown on passport)

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work or Mobile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ Present Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

If born overseas, year of arrival \_\_\_\_\_

Are you an Australian Citizen or Permanent Resident? Yes  No   
(If you are a **Permanent Resident** please attach a copy of your Australian Visa)

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy) Gender: Male  Female  Blue Card No. & Exp. Date: \_\_\_\_\_

Are you currently engaged to be married? Yes  No  Expected date of marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

Are you married? Yes  No  Years married: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Is your spouse in full agreement to you attending this College? Yes  No

Name, Age and Gender of Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT:

Name / Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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## **EDUCATIONAL QUALIFICATIONS:**

### **Secondary Level Education**

Have you completed Year 12?      Yes       No       If "Yes", year of completion \_\_\_\_\_

School where Year 12 was completed \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

What was your UAI / TER / ENTER / OP? \_\_\_\_\_

Language of Studies \_\_\_\_\_ Country of Studies \_\_\_\_\_

### **Tertiary Level Education**

Are you presently enrolled in another Tertiary institution?      Yes       No

If "Yes", year of completion \_\_\_\_\_

Course Name \_\_\_\_\_ Part-Time       Full-Time

### **Please provide details of your academic qualifications (including partially completed awards):**

*Completed & Partially Completed Tertiary Awards (please attach more documents if necessary)*

1. Institution \_\_\_\_\_

Course \_\_\_\_\_

Qualification Gained \_\_\_\_\_

Year Completed \_\_\_\_\_

If incomplete, year withdrew \_\_\_\_\_

2. Institution \_\_\_\_\_

Course \_\_\_\_\_

Qualification Gained \_\_\_\_\_

Year Completed \_\_\_\_\_

If incomplete, year withdrew \_\_\_\_\_

### **MEDICAL:**

Do you have any physical conditions that may hinder your participation at College?      Yes       No

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a disability, impairment of long term medical condition which may affect your studies?      Yes       No

If "Yes", what kind?    Hearing    Learning    Medical    Mobility    Visual    Other \_\_\_\_\_

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## **GENERAL:**

How did you hear about Metro Leadership College? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FINANCIAL:**

Detail your plans for payment of College fees.

\_\_\_\_\_  
\_\_\_\_\_

Will you have any current financial commitments that will continue during the College year (i.e. car or house repayments)? Yes  No

If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_

Is anyone financially dependent on you? If yes who? \_\_\_\_\_

## **CHRISTIAN LIFE DETAILS:**

Date of Salvation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Water Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your present church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's / Minister's name: \_\_\_\_\_

Church address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone number.: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Have you had any moral failings within the last 12 months? Yes:  No:

## **SALVATION & CHRISTIAN LIFE TESTIMONY:**

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

## **FEDERAL GOVERNMENT REQUIRED INFORMATION:**

Are you of Aboriginal or Torres Strait Islander origin?

Yes  No

If "Yes", which origin?

Aboriginal  Torres Strait Islander

Do you speak a language other than English at home?

Yes  No

If "Yes", which language? \_\_\_\_\_

## **English Proficiency**

Is English your first language?  Yes  No *If English is not your first language, you may be required to complete an IELTS test.*

Name of English Language Test Completed: \_\_\_\_\_

Test Date: \_\_\_\_\_ Test Score: \_\_\_\_\_

*Please include a copy of the Test Results*

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**POLICE DETAILS:**

Do you have a criminal record? Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE:**

(Provide the name of one suitable person who is not a relative, who may be approached for a recommendation):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**FULL TIME STUDENTS ONLY TO COMPLETE THE FOLLOWING QUESTIONS  
PART-TIME STUDENTS GO TO PAGE 5 AND 6**

**FURTHER CHRISTIAN LIFE DETAILS:**

How long have you been involved in this church? \_\_\_\_\_

What involvement have you had in your church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to attend Bible College? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY DURING THE LAST 2 YEARS:** (attach pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU PLAY A MUSICAL INSTRUMENT:** (If so please specify)

\_\_\_\_\_  
\_\_\_\_\_

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## **WITHDRAWAL AND REFUND POLICY:**

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PRIVACY LEGISLATION:**

Sydney College of Divinity (SCD), 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 the SCD, 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.

I understand and accept the *Privacy Legislation*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 18 years of age)

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## UPON COMPLETION, PLEASE MAIL TO:

The Registrar  
Metro Leadership College Brisbane  
PO Box 554,  
NEW FARM Q 4005

**Phone:** 1300 77 55 02

**Fax:** 07 3375 4899

## CHECKLIST

Please make sure the following is with your application (*Please note that your application will not be processed until all components of the application are received*):

- Pastoral Reference form completed and returned to the College
- If your pastor has known you for less than twelve months, provide two character references from persons not related to you
- 300 word Salvation & Christian Life Testimony
- Application Fee \$60.00 (non refundable) prior to 25 Jan 10 or Mid Yr Intake – prior to 28 June 10
- LATE Application Fee \$100.00 (non refundable) after 25 Jan 10 or Mid Yr Intake – after 28 June 10
- Full-time Students – pages 1 - 5 completed
- Part-time Students – pages 1 – 3 and 5 completed

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)

Version 3-Aug-09