APPLICATION for ADMISSION

Please complete this application form, include a passport photograph and the required attachments and send to:

Address: 40 Woodlands Drive, Thornlands QLD 4164
Phone: 07 3206 4177
Email: Office@ntc.edu.au
Web: www.ntc.edu.au

Personal Details

Title: ___________________
Family Name: ____________________
First Name: ___________ Preferred: ___________ 
Second Name: ____________________
Marital Status:  □ Married* □ Single □ Other
*Previous Family name: ______________________

Date of Birth: ______________________
Gender:  □ Female □ Male
Home phone: (h) ______________________
Work phone: (w) ______________________
Mobile: ______________________
Fax: (h) ______________________ (w) ______________________
Email: ______________________
Term Address: ______________________
_________________________ Postcode: ___________
Postal Address: ______________________
_________________________ Postcode: ___________
Permanent Home Address: ______________________
_________________________ Postcode: ___________

Personal Details (continued)

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: ______________________
Citizenship: ______________________

Please provide original or 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.

Do you speak a language other than English at home?
□ No □ Yes

If Yes, which language? ______________________

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

If Yes, please indicate.

□ Hearing □ Learning □ Mobility □ Vision □ Medical □ Other

Would you like to receive advice on support services, equipment and facilities which may assist you?
□ No □ Yes
Previous Education

Secondary Level
Please include copy of academic record or award

School attended: ________________________________
State: __________________________ Postcode: ________________
Year 12 completed: □ No □ Yes
Year that you left school: _____________________________
ATAR/UA/TER/OP (circle appropriate index) Score: ______
Name of the town/suburb where you lived in your last year of secondary school:
Town/Suburb __________________________ Postcode: ________
If an Overseas student -
Country of Studies: ______________________________
Language of Studies: ________________________________

Tertiary Level (or other relevant studies)
Please include copies of academic transcripts

Institution 1: ________________________________
Course Name: ________________________________
Year award granted: __________
CHESSN: __________
If incomplete, year withdrew: __________
If incomplete, indicate proportion completed: __________
Institution 2: ________________________________
Course Name: ________________________________
Year award granted: __________
CHESSN: __________
If incomplete, year withdrew: __________
If incomplete, indicate proportion completed: __________
Institution 3: ________________________________
Course Name: ________________________________
Year award granted: __________
CHESSN: __________
If incomplete, year withdrew: __________
If incomplete, indicate proportion completed: __________

Are you currently studying elsewhere?
□ No □ Yes
If Yes, complete the following:
Institution: ________________________________
Course Name: ________________________________

Courses

Please indicate which course you are seeking admission into:

□ Diploma of Christian Studies
□ Associate Degree in Christian Thought and Practice
□ Bachelor of Ministry
□ Bachelor of Theology
□ Graduate Certificate in Arts
□ Graduate Diploma of Arts
□ Master of Arts
□ Master of Theology
□ Master of Divinity

Have you previously been admitted into a Member Institution of the Sydney College of Divinity?
□ No □ Yes
If Yes, where and when?
______________________________

Course Admission

On what basis are you seeking admission?

□ Higher School Certificate or equivalent *copy of transcript
□ Secondary Education*, TAFE or equivalent *copy of transcript
□ Higher Education course* (eg. Degree) *copy of transcript
□ Professional Qualification* evidence required
□ Mature age * copy of passport or birth certificate
□ Special entry * evidence required

Are you intending to study:
□ Part-time □ Full-time

Credit for Previous Study

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

If Yes please include a certified transcript of previous study

English Proficiency

Is English your first language?
□ No □ Yes
(If English is not your first language, you may be required to complete an IELTS test)
If you have completed an English test-
Name of English Language Test Completed: __________________
Test Date: ____________ Test Score: ____________

Please include a copy of the Test Results.
**Education Level of your Parents or Guardians**

The Department of Employment, Education and Workplace Relations requires this information to be collected for statistical purposes. It will not be used by the Sydney College of Divinity or its Member Institutions in the assessment of your application for admission.

**Parent / Guardian 1**

- Male
- Female
- No parent/guardian

What is the highest level of education completed by your parent/guardian 1?

- Postgraduate qualification (e.g. GradDip, Masters, Doctorate)
- Bachelor degree
- Other post-school qualification (e.g. Assoc. Degree, Diploma, Adv. Diploma, completed apprenticeship, VET/TAFE Certificate)
- Completed Year 12 schooling*
- Completed Year 10 schooling, continued, but not Year 12
- Didn’t complete Year 10 schooling
- Don’t know

* or equivalent

**Parent / Guardian 2**

- Male
- Female
- No parent/guardian

What is the highest level of education completed by your parent/guardian 2?

- Postgraduate qualification (e.g. GradDip, Masters, Doctorate)
- Bachelor degree
- Other post-school qualification (e.g. Assoc. Degree, Diploma, Adv. Diploma, completed apprenticeship, VET/TAFE Certificate)
- Completed Year 12 schooling*
- Completed Year 10 schooling, continued, but not Year 12
- Didn’t complete Year 10 schooling
- Don’t know

* or equivalent

**Next of Kin**

Name of Next of Kin: _______________________________

Address of Next of Kin: ______________________________

_______________________________Postcode:___________

Country:___________________________________________

Phone:____________________________________________

**Financial Information**

Tuition fees are required before each semester / trimester begins.

How do you plan to pay for your study?

(leave more than one box can be ticked)

- Cash/Cheque
- Credit Card – □ Mastercard □ Visa
- Bank Transfer
- Fee Help – A loan provided by the Government.
  This can be for all or part of your fees.
- Other: __________________________

Are you a Pensioner?  □ No □ Yes

**Marketing Information**

Why have you chosen to study with this College?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

How did you discover this College?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

□ Web □ Student □ Staff

□ Exhibition etc. □ Church □ Advertising

**Application Checklist**

- Birth Certificate or Passport
- Passport size photograph
- Evidence of residency (if required)
- Academic Transcripts – secondary and / or tertiary
- Academic Transcripts – seeking credit for previous study
- Fee Help Application (if applying for Fee Help)
- Evidence of being a Pensioner (if required)
- IELTS Test Results (if required)
- Other
Withdrawal and Refund

Students may withdraw from courses without academic penalty only if notice of withdrawal is submitted in writing to the Registrar by 4.00 pm on the Census Date applicable to the subject in question.

If withdrawal occurs up to 4.00 pm on the Census date the tuition fee will be refunded but a withdrawal penalty will be charged to the student and is payable immediately. Beyond this time, tuition fees will not be refunded. See the Sydney College of Divinity Refund Policy for further details.

If the Sydney College of Divinity Member Institution defaults in delivery of subjects or courses the arrangements set out in the Sydney College of Divinity Refund Policy apply.

I understand and accept the Withdrawal and Refund arrangements of the Sydney College of Divinity’s Member Institution.

Signature: ___________________________ Date: _________ / _________ / _________

Privacy Legislation

Sydney College of Divinity (SCD) and its Member Institutions require the information requested of 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 and its Member Institutions may provide your personal information and sensitive information to third parties (eg educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as TEQSA, Centrelink and the Department of Immigration and Boarder Protection, Tuition Protection Service, ESOS Assurance Fund Manager, Graduate Careers Australia, Insync Surveys PL) in order to provide you with high quality 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: _________ / _________ / _________

Declaration

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: _________ / _________ / _________

OFFICE USE ONLY

Date App. Rec’d: ___________________________ Credit Application: Y / N
Application Complete?: ___________________________
Approved by: ___________________________
Credit Offered: (EFTSL) ___________________________
Credit Used: (EFTSL) ___________________________
Date Credit Approved by SAC: ___________________________
(1.0 EFTSL = 72 credit points)
Formal Accept. Sent?: ___________________________
Source of Credit: HE / VET / HE & VET / Study outside Aus. / Work Experience outside Aus

Date Approved SCD: ___________________________
If H.E., Provider Name: ___________________________
Fee Help?: Y / N ___________________________
If VET, Type of Provider: Uni / Other H.E. Provider / TAFE / High School or Aust. Tech. College / Other VET Provider
Entered into eMinerva: ___________________________
Field of Education: Religious Studies / Philosophy / Counselling
Psychology / Phil. & Rel. Stud. / Other: ___________________________
Level of Education: Cert I / Cert II / Cert III / Cert IV / Dip / Adv Dip / Grad Cert / Grad Dip

SCD Student No: CHEESN: ___________________________