



Office Use Only

Date Rec'd ____________

Acpt'd/Decl _____

Receipt No. _____

Student No. _____

Internship Enrolment Application Form



Course: ____ Cert. IV in Christian Ministry and Theology (30772QLD)

Campus: ____ Sydney COC



ENROLMENT APPLICATION FORM

Personal Details

MR/MRS/Miss	
Surname	
First Names (all)	

Contact Information

Postal Address		
	City:	
	State:	Postcode:
Phone	hm:	wk:
	mob:	
Email		
Emergency Contact	Name:	
	ph:	mob:

Personal Information

Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	

Do you consider yourself to have a disability, impairment or long term condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so please indicate the area of disability, impairment or long term condition.		



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Qualification

Certificate IV in Christian Ministry and Theology	
Diploma in Christian Ministry and Theology	
Recognised Prior Learning	
Credit Transfer for Previous Study	

Semester and Year of Enrolment

<i>Eg. Semester One</i>	<i>2009</i>

Semester One: February - June

Semester Two: July – November

Enrolment Status

Fulltime	
Part Time	

Educational Details

Are you attending Secondary School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Highest Secondary School Level Completed and Year		
Tertiary Qualifications Completed	Bachelor Degree or Higher	
	Diploma	
	Certificate I, II, III, IV	
Any other Qualifications		



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ATTACHMENT (A)

Please attach certified copies of qualifications, awards and transcripts of results
(Only if you intend to apply for recognition of prior learning or credit for previous study)

Materials Attached

Employment History

Please show details of the last five years. Use extra pages if needed.		
Dates	Nature of Employment eg. Part-time, Fulltime, Self Employed	Position

Reasons for Study

In a few words please describe your reasons for applying for this course



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Language and Ethnic Group Details

How well do you speak English	Very Well <input type="checkbox"/>	Well <input type="checkbox"/>	Not Well <input type="checkbox"/>
	Not at All <input type="checkbox"/>		
Do you speak a language at home apart from English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so please specify the language			
Are you of Aboriginal or Torres Strait Islander Origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Christian Faith

Please attach a short statement outlining how and when you became a Christian (Please attach another page if required)

Please list any leadership experience you have had in the local church, roles or Christian Service activities undertaken		
Position/Role	Activities Involved	Duration



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Your Vocational Ministry Goals

Please briefly describe your current ministry or leadership goals as they are currently formed.

Other Information

Please indicate how you heard about ACOM's Vocational Program



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Referee & Church details

Pastoral Referee name: _____

Church name: _____

Contact Details: (wk ph) _____ (mb) _____

Email: _____

Postal Address: _____

_____ P.Code _____

Supervisor & Practicum details

Who will supervise your practical work requirements?

Name: _____ ph _____

Elective Studies Field (eg. Youth ministry): _____

Church/organization (if different to the one above) _____

Payment Commitment: Choose one of the following options.

Full Payment of \$4200 Cert IV or \$4500 Dip) on commencement of course.

Or

10 x Monthly Payments of \$420 Cert IV in Christian Ministry and Theology

10 x Monthly Payments of \$450 for the Diploma in Christian Ministry and Theology

The 1st payment is required on or before the commencement of the course. The balance is to be paid in monthly installments throughout the duration of the course. The course usually runs from Feb to Nov.

ID Photos Please include 1x Current Passport size photo for student ID card.

Blue Card Qld/ Working with children suitability (other states)

The Citipointe Ministry College requires all students to hold a current Volunteer Blue Card or its equivalent in compliance with *The Commission for Children and Young People and Children Guardian Act 2000*. This act requires anyone over 18 seeking to work with children under 18 years of age in certain categories (in schools, churches and as religious representatives) of regulated employment to obtain a blue card.

Yes I hold a current Blue Card (Please supply a certified Copy)

No I do not hold a current Blue Card



ENROLMENT APPLICATION FORM

DECLARATION:

I have read the Prospectus and I declare that the information provided in the application is to the best of my knowledge accurate in all respect.

I hereby authorise ACOM staff to use personal information to process and effect my application.

Signature..... **Date**.....

PARENT/GUARDIAN AUTHORIZATION (Required only if the applicant is younger than 18yrs):

Signature of Parent/Guardian**Date**.....

PRIVACY:

Australian College of Ministries (ACOM) requires the information requested of you in this form in order to provide you with education services and to cater for particular students' needs. If you do not provide all the relevant information, then we may not be able to provide such services or assess your academic progress.

Please also note that ACOM may provide the personal information given on this application form to third parties (such as universities, colleges, accreditation bodies and Australian government bodies eg Centrelink) in order to provide you with education services and to assess your academic progress or suitability.

Please indicate, by signing your name, whether you understand and accept this privacy legislation.

Signature..... **Date**.....

PARENT/GUARDIAN AUTHORIZATION (Required only if the applicant is younger than 18yrs):

Signature of Parent/Guardian**Date**.....