

Student Application Form

vocational education

PERSONAL DETAILS

Title Dr Miss Ms Mr Mrs Pastor Rev Other _____

Gender Male Female

Family Name _____

First Name _____

Other Name/s _____

Previous Family Name _____

Previous First Name _____

Residential Address _____

State _____ Postcode _____

Postal Address _____

State _____ Postcode _____

International Address _____

Country _____

Telephone (home) _____

Telephone (work) _____

Mobile _____

Fax _____

Email _____

Date of Birth _____

Place of Birth (City / Town) _____ Country of Birth _____

If born overseas, year of arrival _____

Citizenship _____

Are you a Permanent Australian Resident? Yes No *If "Yes", you must provide evidence of Residency.*

Marital Status _____

Are you an ordained / credentialed minister? Yes No

If "Yes", what denomination? _____

Name of Next of Kin _____

Address of Next of Kin _____

State _____ Postcode _____

Telephone _____

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 have a disability, impairment of long-term medical condition that may affect your studies? Yes No

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

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

If "Yes", which language? _____

student application form (continued)**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.*

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", name of institution _____

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 _____

LOCAL CHURCH DETAILS

Church Name _____

Church Address _____

Church Phone _____

Minister's Name _____

EMPLOYMENT

Your Occupation _____

Employer's Name _____

Employer's Contact Details _____

EXPERIENCE (INCLUDING MINISTRY / LEADERSHIP / VOLUNTARY)

1. Period of Service _____

Position _____

Organisation _____

Key Activities _____

student application form (continued)

2. Period of Service _____

Position _____

Organisation _____

Key Activities _____

COURSE SELECTION

I am enrolling in:

VETAB Recognised Awards

- Certificate IV in Ministry Diploma of Ministry

Please indicate where you first heard of METRO International Leadership College

- Advertisement Church Conference Direct Mail / Email
 Web-site Word of Mouth Other

CHECKLIST

Please ensure that you include the following items with this application.
Incomplete applications **cannot** be processed.

- Statement of Purpose
 Certified copies of birth certificate or passport
 Reference from Pastor
 1 x recent passport photo (if you would like a student photo on your student card, please provide a digital copy)
 Certified copies of academic transcripts (if applicant is under the age of 21, high school certificates must be copied)
 Resume / CV (if necessary)

Please affix
Passport Photo here

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 International Leadership College and accept this policy.

Signature _____

Date _____

Privacy Legislation

METRO International Leadership College 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 METRO International Leadership College 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 _____

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 _____

Complete this form and return to

The Registrar
METRO International Leadership College

PO Box 7244, Southport Park QLD 4215 Australia

Phone: 1800 008 375 Fax: +61 7 5532 0639

Email: college@metro.org.au Web: www.metro.org.au