

APPLICATION FOR VOCATIONAL EDUCATION ADMISSION

Marketing Information

How did you find out about Southern Cross College?

- Web SCC Student SCC Staff Church Word of Mouth Direct Mail
 Conference: Advertising: Other:

Local Church Details

Church Name: Denomination:

Church Address:

Church Phone: Minister's Name:

Are you an ordained / credentialed minister? No Yes

Personal Address

Home Address:

Suburb: State: Postcode: Country:

Postal Address:

Suburb: State: Postcode: Country:

Next of Kin / Emergency Contact

Name of Next of Kin:

Address of Next of Kin:

Suburb: State: Postcode: Country:

Phone:

Previous Education

Secondary Level - Year 12 (please include certified copy of academic record / award)

Year 12 completed? No Yes State: Year completed: UAI / TER / OP Score

Student Number: (if known) School Name:

Tertiary Level - TAFE / Higher Education (please include certified copy of academic record / award)

Have you studied at: TAFE Level Higher Education Level

Institution 1:

Course Name: Qualification gained:

Student Number: (if known) Year award granted: If incomplete, year withdrew:

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Previous Education (continued)

Institution 2:

Course Name: Qualification gained:

Student Number: (if known) 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: Part-time Full-time

Institution: Course Name:

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

Experience

Including Ministry / Leadership / Voluntary (please attach more documents if necessary)

1. Period of Service: Position:

Organisation: Key Activities:

2. Period of Service: Position:

Organisation: Key Activities:

Your Occupation: Employer's Name:

Employer's Contact Details:

Courses

Please indicate which course you are seeking admission into:

Certificate IV in Ministry (91389NSW)

When do you wish to begin study:

Semester 1 Semester 2 Year:

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Application Checklist

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

- Statement of Purpose (maximum of 500 words on why you would like to study at SCC)
- Birth Certificate or Passport* (must be passport if International applicant)
- Reference from Pastor
- Evidence of Residency* (if required)
- Academic Transcripts*
- IELTS Test Results* (if required)
- AUD \$50 Application Fee (Certificate IV in Ministry students ONLY)
- Passport Size Photograph (attach physical copy to front page of this document; please also provide a digital copy on disk or email to justine.pryce@scc.edu.au)

* Certified copy

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

**INSPIRE LEADERSHIP ACADEMY
PO BOX 5014
CANNING VALE SOUTH
WA 6155
AUSTRALIA**

Withdrawal and Refund

Students may withdraw from courses without **academic penalty** only if notice of withdrawal is submitted in writing to the Registrar by 4.00pm two weeks after the start of semester. If withdrawal occurs up to two weeks after the start of semester, 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.

I understand and accept the Withdrawal and Refund arrangements of Southern Cross College:

Signature: **Date (dd/mm/yyyy)** / /

Privacy Legislation

Southern Cross College requires 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 Southern Cross College may provide your personal information and sensitive information to third parties (eg. educational institutions such as universities, colleges and accreditation boards and Australian government bodies such as DEST, Centrelink and the Department of Immigration and Citizenship) 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 (dd/mm/yyyy)** / /

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 (dd/mm/yyyy)** / /

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

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