

# Enrolment Form



Please complete this form and return it to:  
Email: registrar@aca.act.edu.au  
Mail: PO Box 42, Waramanga ACT 2611

## Personal Details

MR/MRS/MS/Miss	
Surname	
First Names (all)	

## Contact Information

Postal Address		
	City:	
	State:	Postcode:
Phone	Home:	Work:
	Mobile:	
Email		
Emergency Contact	Name:	
	Phone:	Mobile:

## 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.	

## Course Enrolment

Certificate IV in Christian Ministry and Theology	
Diploma in Christian Ministry and Theology	

## Semester & Year of Enrolment

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

## Enrolment Status

Full-time	
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		

Have you ever been enrolled in any other Vocational Education Institute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which institute?		

## Attachment

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

## Language & 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	<input type="checkbox"/>
Name of the church you currently attend	
Name of that church's denomination	

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

## Your Vocational Ministry Goals

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

## Declaration

I declare that the information provided in this application is to the best of my knowledge accurate in all respects. I hereby authorise ACA staff to use personal information to process and effect my enrolment.

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

## Privacy

The Alliance College of Australia (ACA) 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 ACA 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_