

ENROLMENT FORM



PERSONAL DETAILS

MR/MRS/Miss/Ms		
Surname		
First Names (all)		
Current Address	City:	
	State:	Postcode:
Phone	hm:	wk:
	mob:	
Email		
Date of Birth		
Gender	Male	Female
Emergency Contact	Name:	
	ph:	mob:
Country of Birth		

COURSE YOU ARE APPLYING FOR

Certificate IV in Christian Ministry and Theology	
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TERM AND YEAR OF ENROLLMENT

Eg. Term One	2004

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ENROLMENT STATUS

Fulltime	
Part Time	

Part-Time Students – Please list the subjects you are applying for.	
Subject No.	Title

EDUCATIONAL DETAILS

Are you attending Secondary School?	Yes	No
Highest Secondary School Level Completed		
Tertiary Qualifications Completed		
Any other Qualifications		

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

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



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PERSONAL INFORMATION

How well do you speak English	Very Well	Well	Not Well
	Not at All		
Do you speak a language at home apart from English?	Yes		No
If so please specify the language			
Are you of Aboriginal or Torres Strait Islander Origin?	Yes		No
Do you consider yourself to have a disability, impairment or long term condition?	Yes		No
If so please indicate the area of disability, impairment or long term condition.			

CHRISTIAN FAITH

Please attach a short statement outlining how and when you became a Christian

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 tick the box that interests you and/or write a description in the box marked "other".				
Member of a Ministry Team		Leader of a Ministry Team		Evangelist
Youth Worker	Missions Work	Music Ministry	Church Planting	
Other				



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REASONS FOR STUDY



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

OTHER INFORMATION

Please include any other information or comments considered helpful to your application.



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**CLOSING DATE FOR APPLICATIONS:
Monday 26th November 2010**

Pre enrolment interviews will be commencing
in the week beginning 6th December 2010

DECLARATION:

I have read the student handbook 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.....

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.....

Office Use Only
Date Rec'd _________
Accept'd/Decl_____
Receipt No. _____
Student No. _____



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