

APPLICATION FOR ADMISSION

Please:

- email the completed form and attachments to Registrar@boothcollege.edu.au;
- or post to The Registrar, Booth College, PO Box 4063, BEXLEY NORTH NSW 2207, AUSTRALIA

Personal Details

Title: _____
 Family Name: _____
 First Name: _____ Preferred: _____
 Second Name: _____
 Previous Family name(s): _____
 Date of Birth: _____
 Gender: Female Male
 Telephone: (h) _____ (w) _____
 Mobile: _____
 Email: _____

Indigenous status:

- Aboriginal origin
 Torres Strait Islander origin
 Neither

Citizenship

Please provide original or certified copy of Birth Certificate or Passport.

Country of Birth: _____

If born overseas, year of arrival: _____

Citizenship: _____

If you are not an Australian citizen:

Are you a Permanent Australian Resident?

- No
 Yes. **You must provide evidence of Residency.**

Will you be studying in Australia on a student visa?

- No
 Yes. Visa number _____ (or not yet available)

What was your first language? _____

What language do you speak at home now? _____

If you have completed an English test:

Name of test: _____

Test Date: _____ Test Score: _____

Please include a copy of the Test Results.

Disability/ Impairment

Do you have a disability, impairment or long term medical condition which may affect your studies?

- No
 Yes. If Yes, please indicate:
 Hearing
 Learning
 Mobility
 Vision
 Medical
 Other _____

Please discuss with the Registrar if you want advice on support services.

Course

Which course you are seeking admission into:

- Non-award
 Diploma of Christian Studies
 Associate Degree of Christian Thought and Practice
 Bachelor of Ministry
 Bachelor of Theology
 Bachelor of Theology (Honours)
 Graduate Certificate in Arts
 Graduate Diploma of Arts
 Master of Arts
 Master of Divinity
 Master of Theology

When do you want to begin study? _____

Do you want to apply for FEE-HELP (a loan provided by the Government to Australian citizens)?

- No
 Yes. **You must provide a Request for FEE-HELP form.**

If you already have a CHESN through SCD, what is it? _____

Course Admission

On what basis are you seeking admission?

- Higher School Certificate or equivalent - copy of transcript
 Secondary Education, TAFE or equivalent - copy of transcript
 Higher Education course (eg. Degree) - copy of transcript
 Professional Qualification - evidence required
 Mature age - copy of passport or birth certificate
 Special entry - evidence required

Previous study

Secondary Level

Year that you left secondary school: _____

Did you complete Year 12: No
 Yes. Circle one: ATAR/ UAI/ TER/ OP Score: _____

Name of the school attended: _____ State: _____ Postcode: _____

Where did you live in your last year of secondary school: Town/Suburb: _____ Postcode: _____

If your secondary study was not in Australia: Country of Studies: _____

Language of Studies: _____

Tertiary Level (or other relevant studies)

Institution	Course	Completed (Yes or No)	Year completed or withdrawn	% completed

If you are <u>currently</u> studying elsewhere: Institution	Course	Full time or Part time	% completed

Please provide copies of academic transcripts and awards.

Please discuss with the Registrar if you want to apply for credit for previous study.

Addresses & other contact	Address: Number, Street	Suburb, State	Postcode
Term address			
Postal address			
Permanent home address			
International address			
Next of kin:			
Next of kin name & telephone	Name: _____	Telephone: _____	

Education level of your parents/ guardians.

The Australian Government Department of Education and Training requires the following information to be collected for statistical purposes. It will not be used by the Sydney College of Divinity or its Member Institutions in the assessment of your admission.

Parent/ guardian 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	parent/ guardian 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Highest level of education <u>completed</u> by your parent/ guardian
		Postgraduate qualification (e.g. GradDip, Masters , Doctorate)
		Bachelor degree
		Other post-school qualification (e.g. Assoc. Degree, Diploma, Adv. Dip., apprenticeship, VET/TAFE Cert.)
		Completed Year 12 schooling or equivalent
		Completed Year 10 schooling, continued, but not Year 12
		Completed Year 10 schooling or equivalent
		Didn't complete Year 10 schooling
		Don't know

Withdrawal and Refund

Students may withdraw from courses without academic penalty only if notice of withdrawal is submitted in writing to the Registrar by 4.00 pm on the Census Date applicable to the subject in question.

If withdrawal occurs up to 4.00 pm on the Census date 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. See the Sydney College of Divinity Refund Policy for further details.

If the Sydney College of Divinity Member Institution defaults in delivery of subjects or courses the arrangements set out in the Sydney College of Divinity Refund Policy apply.

I understand and accept the Withdrawal and Refund arrangements of the Sydney College of Divinity's Member Institution.

Signature: _____ Date:

Privacy

Sydney College of Divinity (SCD) and its Member Institutions 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 the SCD and its Member Institutions may provide your personal information and sensitive information to third parties (eg educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as DEEWR, Centrelink and the Department of Immigration and Citizenship, Tuition Assurance Scheme, ESOS Assurance Fund Manager, Graduate Careers Australia, Insync Surveys PL) in order to provide you with high quality education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Registrar.

I understand and accept the privacy legislation.

Signature: _____ Date:

Application checklist for attachments

- Passport size photograph
- Birth Certificate or Passport - certified copy
- Evidence of residency (if applicable) - certified copy
- IELTS Test Results (if applicable) - certified copy
- Academic Transcripts – secondary and / or tertiary - certified copy
- Request for FEE-HELP form (if applying for an Australian Government FEE-HELP loan)

Other _____

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: