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|---|-------|
| OFFICE USE ONLY | |
| Date received | _____ |
| <input type="checkbox"/> All refs received | |
| <input type="checkbox"/> Student set up in Database | |

BIBLE, MINISTRY & THEOLOGY PART-TIME APPLICATION FORM

Complete all required sections of this Application Form and return the completed form and required attachments to:

The Academic Registrar, Morling College 122 Herring Road Macquarie Park NSW 2113 Australia or by email to registrar@morling.edu.au

Applications received after the due date for enrolments may be too late to process for the upcoming semester and commencement may be delayed until the following semester. Morling College is an affiliated institution with the Australian College of Theology (CRICOS Provider 02650E).

| | | | | | |
|---|--|--|---|--------------------------------------|--|
| Personal | | | | | |
| Title (please circle) | Mr / Mrs / Ms / Miss / Dr / Rev / Other _____ | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth | _____ |
| First name | _____ | Family name | _____ | | |
| Preferred name | _____ | Other names | _____ | | |
| Current address | _____ | | | | |
| Suburb | _____ | State | _____ | Postcode | _____ |
| Home phone | _____ | Preferred email | _____ | | |
| Mobile phone | _____ | Other email | _____ | | |
| Marital status | _____ | Spouse's name | _____ | Is your spouse a student at Morling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to live on campus? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Applications for on-campus accommodation should be submitted separately. | | | |
| Do you have any disability or medical condition which may affect you during your time at Morling College? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <i>If yes, you are required to have a Medical Practitioner complete the last page of this Application form.</i> | | | | | |

INTENDED COURSE OF STUDY

| | | |
|---|--|---|
| Undergraduate | Graduate | Postgraduate Coursework |
| Diploma: Pathway: <input type="checkbox"/> One <input type="checkbox"/> Two | Graduate Certificate | Postgraduate Certificate |
| <input type="checkbox"/> Diploma of Ministry | <input type="checkbox"/> Graduate Certificate of Divinity | <input type="checkbox"/> Graduate Certificate of Ministry |
| <input type="checkbox"/> Diploma of Theology | <input type="checkbox"/> Graduate Certificate of Christian Studies | <input type="checkbox"/> Graduate Certificate of Theology |
| <input type="checkbox"/> Diploma of Christian Studies | Graduate Diploma | Postgraduate Diploma |
| <input type="checkbox"/> Combined Diplomas | <input type="checkbox"/> Graduate Diploma of Divinity | <input type="checkbox"/> Graduate Diploma of Ministry |
| Advanced Diploma: Pathway: <input type="checkbox"/> One <input type="checkbox"/> Two | <input type="checkbox"/> Graduate Diploma of Christian Studies | <input type="checkbox"/> Graduate Diploma of Theology |
| <input type="checkbox"/> Advanced Diploma of Ministry | Master Degree (Graduate) | Master Degree (Postgraduate) |
| <input type="checkbox"/> Advanced Diploma of Theology | <input type="checkbox"/> Master of Ministry | <input type="checkbox"/> Master of Arts (Ministry) |
| <input type="checkbox"/> Combined Advanced Diplomas | <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts (Theology) |
| Associate Degree | <input type="checkbox"/> Master of Arts (Christian Studies) | <input type="checkbox"/> Master of Missional Leadership |
| <input type="checkbox"/> Associate Degree of Ministry | Postgraduate Research | Other |
| <input type="checkbox"/> Associate Degree of Theology | <input type="checkbox"/> Master of Theology | <input type="checkbox"/> Non-Award |
| Bachelor Degree | <input type="checkbox"/> Doctor of Ministry | <input type="checkbox"/> Baptist Accreditation Studies |
| <input type="checkbox"/> Bachelor of Christian Studies | <input type="checkbox"/> Doctor of Theology | Do you intend to apply for Baptist pastoral ministry in the future? |
| <input type="checkbox"/> Bachelor of Ministry | <input type="checkbox"/> Doctor of Philosophy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Bachelor of Theology | | |
| <input type="checkbox"/> Combined Bachelor of Theology/Ministry | | |

ABOUT STUDIES

| | | |
|---|--|---|
| Proposed Commencement | Delivery mode of Study | Transfers |
| Year _____ Semester _____ | <input type="checkbox"/> On-campus <input type="checkbox"/> Combination of both | Current ACT College/Institution |
| | <input type="checkbox"/> Online | _____ |
| Payment Method | Do you wish to gain academic credit for this course from previous theological studies? | If you are at another College/Institution, do they know that you plan to transfer to Morling College? |
| <input type="checkbox"/> Upfront <input type="checkbox"/> FEE-HELP* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <small>*You will be sent a link to the online FEE-HELP eCAF form, following your Confirmation of Enrolment email.</small> | | |

| | |
|--|---|
| Citizenship | |
| Country of citizenship _____ | If not Australian, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country of birth _____ | If not born in Australia, what year did you arrive? _____ |
| Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No | Primary language spoken at home _____ |
| Are you of Aboriginal or Torres Strait Island origin? <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Not disclosed | |

Prior Education

Have you ever previously enrolled with Morling College? Yes No Morling Student Number _____

Have you ever enrolled with the Australian College of Theology (ACT)? Yes No ACT Student Number _____

Year left High School _____ If you attended High School in Australia, in which State? _____

Did you complete year 12? Yes No If yes, what was your ATAR / UAI / TER? _____

Please provide the details of all previous tertiary study

| Course of Study | Institution | State, Country | Years of Study | | Completed | |
|-----------------|-------------|----------------|----------------|----|--------------------------|--------------------------|
| | | | From | To | Yes | No |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Employment

Position _____ Full-time Part-time Length of time in present role (or since last employed) _____

Current place of employment _____ Employer's contact phone _____

Church and Ministry

Name & Suburb of current church _____ No. of years attending _____

If less than 1 year, which church did you last attend for more than 1 year? _____

Emergency Contact Information

Name _____ Relationship _____

Home phone _____ Mobile phone _____

Email _____

Marketing

How did you find out about Morling? _____

If you found out about Morling through a current or past student, who was that student? _____

Please tick if you would prefer not to receive marketing communication from Morling.

Attachments (Please indicate which of the following documents you have included with your application.) * indicates compulsory documents for all applicants

All original documents must be sighted by the Morling College Registrar's Office or certified copies with an original certification on it from a Justice of the Peace or equivalent provided.

- 2 x passport-sized photos* (may be emailed as a .jpeg file if desired)
- A Reference from your Senior Pastor or other Ministry Leader* (must not be a relative)
- Proof of citizenship* (either Passport, Birth Certificate, or Certificate of Citizenship)
- ATAR Advice Notice or HSC Results (compulsory for all school leaver applicants aged between 18-21 years)
- Transcripts of previous studies (An Academic Suitability Test will be required if you don't have any transcript of prior study)
- Proof of name change (Marriage Certificate or Change of Name Certificate, where your name is different on your most recent transcript of previous studies)
- Completed Medical Examination Form (on last page. ONLY required for applicants with disabilities, chronic illness or medical conditions)
- IELTS scores or evidence of education completed solely in English (required for applicants with a Non-English speaking background)
- Current visa documentation (Permanent Resident applicants living in Australia)

Declaration

I acknowledge that I have completed this form in full and all statements and information supplied are true and correct to the best of my knowledge.

Signed _____ Date _____

Print name _____

MEDICAL EXAMINATION

This section must be completed by a Medical Practitioner ONLY if you answered Yes to the disability question on page 1. All information will be kept strictly confidential.

Morling College is a Bible and Theological college for On-Campus and Distance students. We are committed to accommodating students with disabilities and medical conditions in ways that will not compromise the academic standard or any essential component of our programs. As such, full-time applicants who have a disability or medical condition that may impact on their ability to study and/or complete assessments and exams are required to supply this completed Medical Examination form with their application. This information will enable us to advise our students regarding their enrolment, to offer support and make special arrangements where necessary. Please attach additional information that might be helpful.

Applicant Details

Full name _____ Date of birth _____

Medical Conditions, Chronic Illness and Disabilities

Which category does the applicant's disability/condition best fit into:

- Hearing
 Vision
 Neurological
 Mental Health
 Learning
 Medical
 Mobility/Physical

What is the nature of this condition?

Is the applicant's disability/condition:
 Temporary
 Intermittent
 Improving
 Degenerative
 Permanent/chronic

Is the applicant's disability/condition dependent on treatment?
 Yes
 No

If yes, please provide details: _____

Please indicate how the applicant's disability/condition will impact their ability to study (e.g., inability to sit for long periods, medical effects, reading/comprehension speed, etc.). If necessary, please attach further information.

Please give your recommendation(s) for special consideration in exam conditions:

- No special consideration needed
 Use of a computer instead of writing
 Enlarged print or different coloured paper
 Someone to write for the student
 Someone to read for the student
 Extra time in exams to be used for:
 an extension of writing time
 a rest break
 Other Please specify _____

All recommendations will be considered by the Academic Registrar and approval granted according to the policies of the Australian College of Theology.

Details

Medical Practitioner _____ Date _____

Signature _____

Address _____

Phone _____

Stamp

Applicant's Consent

I give my consent for the disclosure of the above information to Morling College for keeping on my confidential student file.

Signature _____ Date _____