

PLUNGE APPLICATION FORM

Please complete all sections of the Application form, and return the completed form and attachments to:
Plunge, Morling College, 122 Herring Road, MACQUARIE PARK, NSW 2113 (Sydney students)

SECTION 1: IMPORTANT INFORMATION

COURSE INFORMATION		
Select which Plunge stream you wish to enrol in:	<input type="checkbox"/> Diploma of Christian Studies <i>(HSC or equivalent entry requirement/ FEE-HELP available*)</i> <small>*conditions apply</small>	<input type="checkbox"/> Academic Studies in Theology Certificate <i>(HSC not required/ No FEE-HELP available)</i>

PERSONAL		
Year you will be studying:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Family Name:	First Name:	
Preferred Name:	Other Names:	
Postal Address (including postcode):		
Mobile 1:	Home Phone:	
Email 1:	Email 2:	
Do you wish to live on campus in Sydney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Church currently attending (full name):		
Number of years you have been attending this church:		
Church Postal Address:		
Church email:		
Senior Pastor:	Phone:	
Email:		
Associate/ Youth Pastor:	Phone:	
Email:		

PRIOR EDUCATION	
Secondary School attended:	Year finished:
Completed the HSC: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide your evidence of completion of HSC or ATAR.</i>	
Have you started any tertiary education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, have you <i>completed</i> your tertiary studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, where did you study and which course?	

CITIZENSHIP
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide evidence of citizenship. (Either Passport, Birth Certificate or Certificate of Citizenship)</i>
If you are not an Australian Citizen, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not an Australian Citizen, are you a Permanent Resident?</i> <i>If yes, please provide evidence of residency.</i>

In order for us to facilitate your time at Plunge, including weekly Community Engagement activities and the Cross-Cultural Trip, please provide us with the following information.

SECTION 2: COLLEGE LIFE, COMMUNITY ENGAGEMENT AND CROSS-CULTURAL TRIP

Do you have any special dietary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any conditions, physical or emotional, that may impact your study or involvement at Plunge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Working with Children number (WWC)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide your WWC:</i>	
Have you recently applied for a National Police Check? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide evidence of application.</i>	
Do you have a Passport? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	Nationality of Passport:
Name as on Passport:	
Passport Number:	Passport Expiry Details:

EMERGENCY CONTACT 1	
Full Name:	Relationship to You:
Mobile:	Phone Number (Work or Home):
Email:	
EMERGENCY CONTACT 2	
Full Name:	Relationship to You:
Mobile:	Phone Number (Work or Home):
Email:	

Please answer the following questions in a separate attachment. Answers should be approximately 300-500 words in total.

SECTION 3: FAITH STATEMENT

<ol style="list-style-type: none"> Describe how you became a Christian and where you have attended church. Describe some significant life experiences you have had and why you found those experiences significant (e.g. travel, family, sickness, death, moving house etc.). Do you have any work, volunteer or ministry experience? How did you hear about Plunge? Why do you want to do Plunge? <p>Is there any other information about yourself you would like to share?:</p>
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This Section must be completed by a Medical Practitioner.
All information will be kept strictly confidential.

Morling College is a Bible and Theological College. We are committed to accommodating students with disabilities and medical conditions in ways that will not compromise the academic standard of our programs. As such, all persons who wish to apply for full-time study are required to supply a Medical Examination Form that indicates any medical conditions that may impact on their ability to study. Please complete the form below regarding the current health and wellbeing of this applicant.

SECTION 4: MEDICAL EXAMINATION

APPLICANT DETAILS

Name *(please print)*:

Date of Birth:

MEDICAL CONDITIONS, CHRONIC ILLNESS AND DISABILITIES

Does the applicant have any medical condition/s which would limit his/her ability to pursue a course of full time study?

☐ Yes ☐ No If yes, give details:

Does the applicant suffer from any chronic illness? ☐ Yes ☐ No

If yes, what is the nature of the treatment required by this illness?

The Plunge program at Morling College includes weekly off-campus Community Engagement Days and a cross-cultural experience. Are there any particular issues that would need to be addressed in order to provide a safe environment for the applicant and other students?

MEDICAL PRACTITIONER DETAILS

Medical Practitioner:

Date:

Address:

Phone Number:

Signature:

SECTION 5: REFERENCES, ATTACHMENT CHECKLIST & DECLARATION

REFERENCE 1: PASTOR/YOUTH PASTOR/CHURCH LEADER

You will need one reference in writing from someone at your church. We will follow-up your character reference separately.

Full Name:	Position:
Church:	
Phone Number/Mobile:	E-Mail:

REFERENCE 2: PERSONAL REFEREE

Full Name:	How you know this person:
Phone Number/Mobile:	E-Mail:

ATTACHMENTS (THESE MUST BE INCLUDED WITH YOUR APPLICATION)

<input type="checkbox"/> Two passport sized photos <i>(May be emailed as a .jpeg file if desired)</i>
<input type="checkbox"/> Evidence of your completion of your HSC or ATAR <i>(For all applicants aged between 18-21 years)</i>
<input type="checkbox"/> Evidence of Australian citizenship <i>(Either Passport, Birth Certificate or Certificate of Citizenship)</i>
<input type="checkbox"/> Working with Children number
<input type="checkbox"/> Proof of application for National Police Check
<input type="checkbox"/> Completed Medical Examination Form
<input type="checkbox"/> Reference from your Pastor/Youth Pastor/Church Leader
<input type="checkbox"/> Faith Statement

DECLARATION

<input type="checkbox"/> I acknowledge that I have completed this form and all statements and information supplied are true and correct to the best of my knowledge.	
<input type="checkbox"/> I authorise Morling College to contact the above referees and obtain any other information which will assist in deciding the outcome of my application.	
Signed:	Date:
Parent or Guardian <i>(if under 18 years):</i>	
Signed:	Date:

This form must be returned by the applicant with the rest of their Application Form.