

Enrolment Form

Course:

- Certificate IV in Multicultural Ministry (30798QLD)
- Diploma of Multicultural Ministry (30799QLD)

Proposed commencement:

Term: _____
Year: _____

Surname (Family Name) _____
Given Names _____
Date of birth _____ Gender: Male Female

Residential Address _____
Suburb _____
State _____ Postcode _____
Email _____
Home number _____
Mobile number _____

Postal address (if different) _____
Suburb _____
State _____ Postcode _____

Country of birth Australia
 Other - please specify _____
Language spoken at home English only
 Other (specify): _____

How well do you speak English?

Very well
Well
Not well
Not at all

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No
Yes, Aboriginal
Yes, Torres Strait Islander

Emergency contact _____
Home number _____
Mobile number _____

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Do you consider yourself to have a disability, impairment or long-term condition?

Yes (Please indicate on list below) No

Hearing/Deaf	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>		

What is your highest COMPLETED school level and what year did you complete that level?

Year level (Tick one only)

Completed in what year?

Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
Never attended school	<input type="checkbox"/>

Are you still attending secondary school?

Yes No

Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick ANY applicable boxes.

Bachelor Degree or Higher Degree	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>
Diploma (or Associate Diploma)	<input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>
Certificate III (or Trade Certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Certificates other than the above	<input type="checkbox"/>

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed - not employing others	<input type="checkbox"/>
Employer	<input type="checkbox"/>
Employed - unpaid worker in a family business	<input type="checkbox"/>
Unemployed - seeking full-time work	<input type="checkbox"/>
Unemployed - seeking part-time work	<input type="checkbox"/>
Not employed - not seeking employment	<input type="checkbox"/>

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1) Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only.)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest	<input type="checkbox"/> 09
For self-development	<input type="checkbox"/> 10
Other reasons	<input type="checkbox"/> 11

Passport details (copy to be attached)

Passport number:	Country:
Date of issue	Expiry date:

2) Visa details (copy to be attached)

Type of visa held:	<input type="checkbox"/> Student	<input type="checkbox"/> Working/holiday	<input type="checkbox"/> Tourist
	<input type="checkbox"/> Other (specify): _____		
Expiry date:	_____		
If you hold a Tourist or Working Holiday visa, have you studied previously in Australia?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify where you were enrolled and duration of study:			

Type of visa being applied for:	<input type="checkbox"/> Student	<input type="checkbox"/> Working/holiday	<input type="checkbox"/> Tourist
	<input type="checkbox"/> Other (specify): _____		
Would you like API to arrange your Overseas Health Cover?	<input type="checkbox"/> Yes	How many months?	Type of cover (single/family)?
	<input type="checkbox"/> No	_____	_____

I certify that the information provided on this form is accurate and complete. I authorise Asian Pacific Institute to obtain other details relating to my academic record as necessary. I acknowledge that the provision of incorrect information or documentation, or the withholding of information, related to this application may result in the cancellation of my enrolment and the forfeiture of any tuition fees paid, as per the terms of the Refund Policy.

I certify that I have read and understood the Student Handbook and all policies, procedures and guidelines and contained and referred to within.

Signed: _____ Date : _____

Ministry Application

Which church do you attend?

When were you converted?

Have you been baptised in water Yes Date: No

Have you been baptised in the Holy Spirit? Yes Date: No

Are you a credentialed minister? Yes No

Do you plan to pursue full time ministry? Yes No

If yes, where/which ministry?

Do you accept the doctrinal statement outlined in the Student Handbook? Yes No If no, please provide a submission explaining your stance.

Are you free from use of tobacco, drugs and alcohol? Yes No

Are you willing to abstain from these if accepted as a student with API? Yes No

How would you rate your health? Poor Average
 Excellent Good

Have you had, or do you have, any serious health issues that may affect your studies? Yes No

Do you have finance for your studies? Yes No

If no, how do you intend to cover course costs?

How are you financing your studies? Self Family
 Church Other

Is anyone dependent on you for financial support? Yes No

Have you previously studied Bible-related courses? Yes No

If yes, where and what topics?

Have you ever applied to another Bible college or institute? Yes No

If yes, why were you unsuccessful?

Ministry Experience

On a separate page, list the kinds of Christian ministry activities you have been involved with and the year of involvement, beginning with the most recent.

Statement of Purpose

Please attach a separate page outlining your response the following:

- What is your experience regarding God's call on your life?
 - What is your experience in the work of the Lord?
 - In what area/s do you believe a Bible college course can enhance your abilities, to better equip you for God's service?
 - Provide any other information you believe is relevant or helpful in evaluating your application.
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Please provide a copy of following document;

- Identification (Passport. Driver's License or Current Visa if applicable)
 - Evidence of previous studies/ Qualification/ IELTS/ Letter of Release
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