

Enrolment Form

Course:

Diploma of Multicultural Leadership and Ministry (10812NAT)

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: _____

Language spoken at home English only

Other: _____

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 _____

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

Yes (Please indicate on list below) No

Hearing/deafness	<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 (specify below)	<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"/>

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: Student Working Holiday Tourist

Other: _____

Expiry date: _____

If you hold a Tourist or Working Holiday visa, have you studied previously in Australia?

Yes No

If yes, specify where you were enrolled and duration of study: _____

Type of visa being applied for: Student Working Holiday Tourist

Other: _____

Would you like API to arrange your Overseas Health Cover? Yes No

How many months? _____
Type of cover (single/family)? _____

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 your 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?

For ICC Members Only

Have you completed any of the following?

Make Disciples Mature Partners Encounter Camp Alpha Course
VIP Course

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.

Ministry Application

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.

Identification (Copy of Passport, Driver's License, Current Visa)

Evidence of previous studies/ Qualification/ IELTS/ Letter of Release

Enrolment Form

Ministry Application

Statement of Purpose

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.

Ministry Application

Ministry Experience

What kinds of Christian ministry activities have you been involved in? What are the years of involvement?