

APPLICATION FOR ENROLMENT FOR VOSE AWARDS

20 Hayman Road, Bentley WA 6102 Australia P: 08 6313 6200 | F: 08 6313 6299

W: vose.edu.au | E: office@vose.edu.au

CRICOS N° 01052B | Vose RTO Number: 0145



Student Number:

PERSONAL DETAILS

Surname: Given Name(s): Preferred Name:

Title: Date of Birth: Sex: Female ☐ Male ☐

Marital Status: Married ☐ Single ☐

Permanent Address:

No. & Street : Suburb: Postcode:

Phone: Mobile: Email:

Postal Address (if different):

No. & Street : Suburb: Postcode:

Church affiliation:

Salvation Year:

Spouses name:

Children's names:

EMERGENCY CONTACT DETAILS

Name: Relationship:

Phone: Mobile:

COURSE OF STUDY AND COMMENCEMENT DATE

Course chosen:

☐ Certificate IV in Ministry
☐ Graduate Diploma of Ministry

☐ Diploma of Ministry
☐ Audit

☐ Diploma of Management

OR

☐ Selected Units only

☐ Cross Institutional Enrolment

☐ Unsure of Course - please contact

Year: Semester: Mode of Study: Full Time ☐ Part Time ☐ Distance (selected units only) ☐

How did you find out about Vose?:

☐ radio ☐ newspaper ☐ expo ☐ referral ☐ website ☐ other (please state)

Of the following categories, which BEST describes your main reason for undertaking this course:

☐ To get a job ☐ To develop my existing business ☐ To start my own business
☐ To try for a different career ☐ To get a better job or promotion ☐ It was a requirement of my job
☐ I wanted extra skills for my job ☐ To get into another course of study ☐ For personal interest of self-development
☐ Other reasons:

CITIZENSHIP DETAILS

Country of Birth:

Year of Arrival in Australia (if not born here):

Citizenship status (please tick one only): ☐ Australian citizen ☐ New Zealand citizen ☐ Permanent Resident
☐ Temp. permit visa (incl. Student visa) ☐ Perm. Humanitarian Visa ☐ Other (please state)

Indicate which of the following applies to you (you can indicate more than 1 option)

☐ Aboriginal ☐ Torres Strait Islander ☐ Distance student ☐ Overseas student IELTS scores:

Language spoken at home:

Proficiency in spoken English: ☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

SPECIAL NEEDS

Do you have a disability, impairment, or long term medical condition that may affect your studies? Yes ☐ No ☐

If Yes, please indicate impairment: Hearing/deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental illness ☐ Vision ☐

Acquired brain impairment ☐ Medical condition ☐ Other:

Please note: this information is keep in strictest confidence

EDUCATIONAL ATTAINMENT

Did you complete year 12? ☐ Yes ☐ No

In which State/Territory did you attend Year 12:

If YES, in which calendar year did you complete it:

State/Territory:

Postcode:

If NO, state highest year completed:

Calendar year completed:

Do you have/are you studying any other tertiary qualifications: ☐ Yes ☐ No

Qualification:

Institution:

Is the qualification completed? ☐ Yes ☐ No

Completed/Ceased studying in which year?

Qualification:

Institution:

Is the qualification completed? ☐ Yes ☐ No

Completed/Ceased studying in which year?

Qualification:

Institution:

Is the qualification completed? ☐ Yes ☐ No

Completed/Ceased studying in which year?

Highest Level of Education completed by Parent/Guardian:

Parent/Guardian One: Male ☐ Female ☐

☐ Post Graduate Qualifications (e.g. Masters, PhD)

☐ Bachelor Level Qualifications

☐ Other Post School Qualifications (e.g. VET/TAFE Certificate, Completed apprenticeship, Associate Degree or Diploma)

☐ Completed Year 12 Schooling or equivalent

☐ Did not complete Year 12 Schooling or equivalent

☐ Do not know

Parent/Guardian Two: Male ☐ Female ☐

☐ Post Graduate Qualifications (e.g. Masters, PhD)

☐ Bachelor Level Qualifications

☐ Other Post School Qualifications (e.g. VET/TAFE Certificate, Completed apprenticeship, Associate Degree or Diploma)

☐ Completed Year 12 Schooling or equivalent

☐ Did not complete Year 12 Schooling or equivalent

☐ Do not know

EMPLOYMENT

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

- ☐ Full-time ☐ Part-time ☐ Self employed - not employing others
☐ Employer ☐ Employed - unpaid working in a family business
☐ Unemployed - seeking full-time work ☐ Unemployed - seeking part-time work
☐ Not employed - not seeking employment

Place of employment:

Please note: For students who are currently employed, it is important to take note of lecture and intensive times to ensure that they will not conflict with your work and ministry roles.

DECLARATION

I enclose (please tick box): ☐ Photo (recent, passport size) ☐ Transcripts of qualifications relevant to entrance
☐ Copy of Current Driver's License/Proof of Age Card

The Seminary is bound by the Privacy Act 1988. Information collected on this form will be used by the Faculty and administration for the purposes of assessing your application and providing guidance both initially and throughout subsequent studies. Upon admission, details of name and contact details will be provided to the officers of the Student Association to enable them to contact you. Information will be divulged to other persons for other purposes only with your written permission.

I give permission for my photograph to be used in Seminary publications and web site: ☐ Yes ☐ No

Signature

Date:

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UNIT ENROLMENT FOR ACT AWARDS

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CRICOS N° 01052B | Vose RTO Number: 0145

Surname: _____ Given Name(s): _____ Student Number: _____
Preferred Name: _____ Title: _____ Date of Birth: _____

Semester: _____ Year: _____ Mode of Study: Full Time ☐ Part Time ☐ Distance ☐

Are you intending to complete your course this year? ☐ Yes ☐ No

Semester Contact Details:

No. & Street : _____ Suburb: _____ Postcode: _____
Phone: _____ Mobile: _____ Email: _____

Course:

☐ Certificate IV in Ministry
☐ Graduate Diploma??

☐ Diploma of Ministry
☐ Audit

☐ Diploma of Management

OR

☐ Selected Units only

☐ Cross Institutional Enrolment

☐ Unsure of Course - please contact

UNIT CODE:	UNIT TITLE	OFFICE USE ONLY
Project Title:		Supervisor:

Reminder: Students MUST meet with Course Pathway Advisors to discuss selection of units (book appointments through the office)

I have reviewed the current timetable and am aware of the times and dates of any lectures I have enrolled in. ☐ Yes ☐ No

I understand that Domestic Students who fail to attend 80% of lectures will have their enrolments discontinued and will be required to re-enrol in the respective units. International Students who fail to make course progress will be subject to an Intervention Strategy as outlined in the International Students Handbook, and in some cases, be reported to the Department of Immigration. ☐ Yes ☐ No

I have reviewed the Student Handbook ☐ Yes ☐ No

Has Theological Study been undertaken at another college? If so which college?: _____

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Primary Sponsoring College (if different from Vose):
(Only applies if you are doing theological studies through another ACT institution)

If cross-enrolling elsewhere: (institution & unit)

REGULATIONS

Refer to separate sheet regarding "FEE SCHEDULE" for dates and fees as applicable

DECLARATION

I certify that to the best of my knowledge the above details are correct. I understand that: the information on this form is collected for program administration purposes, including the viewing of graduate survey data by relevant parties such as Graduate Careers Australia, and that my personal information will be stored by the Department of Education, Employment and Workplace Relations (DEEWR) in order to administer my FEE-HELP assistance; authority to collect this information is contained in the Higher Education Support Act 2003; information may be shared between the Australian Taxation Office, DEEWR and the Department of Immigration and Citizenship; and information may not otherwise be disclosed without my consent unless authorised or required by law. Graduates' names are published on the ACT website and manuals. I understand that I may request for my name not to be published. I understand that giving false or misleading information is a serious offence under the Criminal Code. OVERSEAS STUDENTS: "The information provided by overseas students to the provider (Vose Seminary and/or the Australian College of Theology) may be made available to Commonwealth and State agencies and the Fund Manager of the Educational Services for Overseas Student (ESOS) Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code; and the provider is required, under section 19 of the ESOS Act 2000, to tell the Department about: (i) certain changes to the student's enrolment; and (ii) any breach by the student of a student visa condition relating to attendance or satisfactory academic performance". By signing this form I acknowledge that I have read, understand and accept the ACTh Refund Policy and Agreement for Overseas Students. I hereby declare that I will abide by all the Policies and Procedures as set out in the *Vose Student Handbook* – see www.vose.wa.edu.au

Signature of Candidate

Date:

The above candidate has fulfilled the pre-requisites in order to enrol for the above units

Course Advisor Endorsement signed:

Date:

Students please note: Unless your Course Advisor has signed this document, your enrolment will NOT be processed

Office Use Only:			
<input type="checkbox"/> Entered on Spreadsheet	<input type="checkbox"/> Enroled PowerPro	<input type="checkbox"/> Welcome Letter sent	<input type="checkbox"/> Entered onto Moodle
<input type="checkbox"/> Entered onto Moodle	<input type="checkbox"/> Student/Library Card	<input type="checkbox"/> Parking Permit #:	

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