

## **Application Form**

for PART-TIME students

176 Wattle Street Malvern SA 5061 | **Phone** 08 8291 8188 | **Fax** 08 8291 8199 Email admin@biblecollege.sa.edu.au | Web www.biblecollege.sa.edu.au

Please fill in this form and save it to your computer before emailing it to the College as an attachment. (Note that you must have Adobe Reader 9 or greater installed for the form to work correctly)

Personal Informa	ation				
Title		Surname			
Given names					
Address					
Phone (home)			Phone (work)		
Phone (Mobile)			Email		
Date of birth					
Tertiary qualifications (if any)					
Church Affiliation					
In which semester do you wish to commence study?					
In which course do you wish to study?  Please insert course name if not in list.					
Community Information					
Part-time students are encouraged to participate in the community life of BCSA as much as they are able. To assist us in this could you please provide the following information:-					
If married name of sp	oouse				
Names and ages of c	hildren				
Would you be willing for your name to appear in the College directory?					
If so, would you be w					

## **Supplementary Information**

This information will be used by BCSA for statistical purposes and to assist with future planning. It will remain confidential and not be made available to any other organisation. Although completion of this section is optional, BCSA would appreciate your assistance by completing these details as fully as possible.

Marital Status		
Employment Status		
Occupation(s)		
What are your personal goals for		
studying at BCSA (eg to learn)		
In what ways would you like to be better equipped for ministry as a		
result of your study?		
What specific ministries (if any) do you have in mind for the future?		
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How did you first hear about the 0	College?	
Pastor College graduate		☐ Other
Further explanation (if other)		
Which of these were positive factor	ors in your decision to study at Bible College SA?	
Evangelical stance (Biblical en	nphasis)	Location
College community	Quality of teaching   Courses accreditation	

Statistical Information						
This section is required by the Commonwealth Government as part of reporting requirements.						
Do you have a disability, impairment or long term medical condition which may affect your studies?						
If yes, please indicate the area/s of impairment.						
Hearing Learning Mobility Vision Medical Other						
Would you like to receive advice on support services, equipment and facilities which may assist you?						
Please indicate which (if any) of the following applies to you: (you can indicate more than one option)						
☐ Aboriginal ☐ Torres Strait Islander ☐ Distance student ☐ Overseas student						
IELTS score (if overseas student)						
Country of birth Year of arrival in Australia						
Language spoken at home						
Australian Citizenship Other citizenship						
Parent or Guardian's highest level of education						
Parent or Guardian 1: Gender Highest level						
Parent or Guardian 2: Gender Highest level						
Basis for admission to this course  Tertiary Entrance score (if admission on basis of educational achievement)						