

**PERSONAL DETAILS**
**Student ID** \_\_\_\_\_

*If known*
**Name** \_\_\_\_\_

*Title*
*Surname*
*Christian name(s)*
*If your preferred name is not your first name, please specify*
**Address** *Street/PO Box* \_\_\_\_\_

*Suburb* \_\_\_\_\_

*State* \_\_\_\_\_

*Postcode* \_\_\_\_\_

**Phone Contact** *Work* \_\_\_\_\_

*Home* \_\_\_\_\_

*Mobile* \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

*/ /*  
*dd/mm/yyyy*
**Occupation** \_\_\_\_\_

**Gender**
 Male

 Female

**Church Attending** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**Name of Spouse** \_\_\_\_\_

*If applicable*
**Next of Kin**
*Name* \_\_\_\_\_

*Relationship* \_\_\_\_\_

**Phone Contact details**
*Work* \_\_\_\_\_

*Home* \_\_\_\_\_

*Mobile* \_\_\_\_\_

**Are You Seeking Ordination?** \_\_\_\_\_

*If so, which Diocese/Denominaton?* \_\_\_\_\_

**ACADEMIC BACKGROUND**

Please list your previous tertiary studies.

YEARS		INSTITUTION	AWARD (Abbreviation)
FROM	TO		

**Admission requirements:**

Graduates: Please provide transcripts of all tertiary study

Others may be admitted by special provision as mature age students (Please contact Registrar)



## GOVERNMENT STATISTICS

All students enrolled in a course offered by the College are required to complete this form. The information is used to comply with Australian Government reporting requirements under the *Higher Education Support Act 2003* and for the allocation of Commonwealth Higher Education Student Support Numbers (CHESSN).

Have you completed this form previously?  No  Yes – Have any details changed? If so, please specify where appropriate.

### CITIZENSHIP DETAILS

#### 1. What is your citizenship status?

- Australian citizen (including citizen with dual citizenship) – 1
- New Zealand citizen excluding those with Australian citizenship  
(Note: Includes any such persons who have Permanent Resident status in New Zealand) – 2
- Students with permanent humanitarian visa – 8
- Students with permanent visa other than permanent humanitarian visa – 3
- Temporary Entry permit and resides in Australia during unit of study – 4
- Not one of the above categories and student is residing outside Australia during the unit of study – 5

#### 2. Are you of Aboriginal or Torres Strait Islander descent?

- Not applicable  Aboriginal  Torres Strait Islander  Both

#### 3. Country of birth

- Australia
- Other – please specify \_\_\_\_\_ Year of arrival in Australia \_\_\_\_\_

#### 4. What language do you speak at home?

- English  Other – Please specify \_\_\_\_\_

### EDUCATIONAL DETAILS

#### 5. Secondary education

Did you complete Year 12 (or the equivalent final year in another state)?  No  Yes

Which year did you complete secondary education? \_\_\_\_\_

6. What was your TER, UAI, ATAR score, or equivalent? (if applicable) \_\_\_\_\_

#### 7. Have you attended another higher education provider?

- No
- Yes Provider name \_\_\_\_\_

Award/s attained \_\_\_\_\_

Do you already have a CHESSN?  No  Yes – what is your CHESSN? \_\_\_\_\_

**8. Highest educational attainment of your first parent or guardian?**

This parent or guardian is  Male  Female

Their highest educational attainment is:

- Postgraduate  Bachelor degree  Other tertiary (e.g. VET/TAFE)
- Completed Year 12 or equivalent  Did not complete Year 12 or equivalent
- Completed Year 10 or equivalent  Did not complete Year 10 or equivalent
- Don't know

**9. Highest educational attainment of your second parent or guardian?**

This parent or guardian is  Male  Female

Their highest educational attainment is:

- Postgraduate  Bachelor degree  Other tertiary (e.g. VET/TAFE)
- Completed Year 12 or equivalent  Did not complete Year 12 or equivalent
- Completed Year 10 or equivalent  Did not complete Year 10 or equivalent
- Don't know

**OTHER DETAILS**

**10. Do you have a disability, impairment or long-term medical condition?**

No  Yes, I have the following:

- Hearing
- Learning
- Mobility
- Vision
- Medical condition
- Other Please specify \_\_\_\_\_

Would you like to receive advice on support services, equipment and facilities that may assist you?

No  Yes

**PLEASE RETURN COMPLETED FORM AND ACCOMPANYING DOCUMENTS**

POST

EMAIL

FAX

The Registrar  
Moore College  
1 King Street  
NEWTOWN NSW 2042

registrar@moore.edu.au

(02) 9577 9988

### This section to be completed by applicant

Name of Applicant: \_\_\_\_\_

Course applied for: \_\_\_\_\_

Name of Minister or Pastor

Name \_\_\_\_\_

Church \_\_\_\_\_ Position \_\_\_\_\_

Street/PO Box \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### This section to be completed by your minister or pastor

*The above person is applying to study at Moore College. The College would appreciate your comments about the applicant. If you can supply examples where you have stated an opinion that would be helpful.*

I have known the applicant since (year) \_\_\_\_\_ Capacity \_\_\_\_\_

**Christian character** (How mature as a Christian is this person? Can you comment on their attitudes to the Bible, the way they relate to others: older, younger, male female, ethnicities? Are you aware of any personal issues that we need to be mindful of in accepting this person for a program of study?)

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**Ministry involvement** (Is the person active in your congregation? In what capacity? Can you see potential for their current and future involvement?)

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**Any other comments** (Are you aware of any other issues that we need to be mindful of?)

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Do you have any reservations about recommending this applicant

(a) for theological study? \_\_\_\_\_

(b) for ordination (if applicable)? \_\_\_\_\_

Are you willing to be contacted further in regard to this reference?  Yes  No\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidential:** The contents of this form are to be kept Confidential by the Referee and the College.

**POST**

The Applications Administrator  
Moore College  
1 King Street  
NEWTOWN NSW 2042

**FAX**

(02) 9577 9988

**EMAIL**

registrar@moore.edu.au



# CREDIT CARD PAYMENT FORM FOR PART-TIME STUDY ENROLMENT

## CONTACT DETAILS

**Name** \_\_\_\_\_  
Title Surname Christian name(s)  
If your preferred name is not your first name, please specify

**Address** Street/PO Box \_\_\_\_\_

Suburb State Postcode

**Phone Contact** Work Home Mobile

**Email** \_\_\_\_\_ **Date of Birth** / /  
dd/mm/yyyy

## FEES: \$1,312 per unit (Year 1 courses)

Last due date for UPFRONT fees: Semester 1 units: 23 April 2011  
Semester 2 units: 13 August 2011

## PAYMENT DETAILS

Deduct my credit card:  Visa  Mastercard  Amex

Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date \_ \_ / \_ \_ Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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