



PRESBYTERIAN THEOLOGICAL CENTRE Student Application Form

Dr/Rev/Mr/Mrs/Ms/Miss	Family Name:
Given Name:	Preferred Name:

Australian home address

Number and Street:	
Suburb/Town:	Postcode:
Home Phone:	Mobile:
Email:	

Permanent home address: (Overseas students please give your overseas address)

Ignore if same address as above.

Number and Street:	
Suburb/Town:	Postcode:
Country (if not Australia):	
Phone:	

Date of Birth:	Day	Month	Year	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Place of Birth:					
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Name of Spouse: <i>(Overseas applicants please provide spouse's date of birth)</i>					
Dependent Children: <i>(name/s and year of birth)</i>					
Name and address next of kin not living with you.					Relationship:

Course for which application is made: You may select from either or both columns.
Students applying for an overseas student visa must select an ACT course.

ACT Courses			
Diploma of Ministry	<input type="checkbox"/>	Bachelor of Ministry (Honours)	<input type="checkbox"/>
Diploma of Theology	<input type="checkbox"/>	Bachelor of Christian Studies	<input type="checkbox"/>
Advanced Diploma of Ministry	<input type="checkbox"/>	Graduate Diploma of Divinity	<input type="checkbox"/>
Advanced Diploma of Theology	<input type="checkbox"/>	Master of Divinity	<input type="checkbox"/>
Bachelor of Theology	<input type="checkbox"/>	Graduate Diploma of (Theology/Ministry) <i>(please circle)</i>	<input type="checkbox"/>
Bachelor of Theology (Honours)	<input type="checkbox"/>	Master of Arts (Theology/Ministry) <i>(please circle)</i>	<input type="checkbox"/>
Bachelor of Ministry	<input type="checkbox"/>	Cross Institutional Enrolment	<input type="checkbox"/>
PTC Internal Courses			
Certificate in Bible and Ministry	<input type="checkbox"/>		
Diploma of Theological Studies	<input type="checkbox"/>		
Diploma of Diaconal Studies	<input type="checkbox"/>		
Informal Course (no award)	<input type="checkbox"/>		
Ministry Training for Women	<input type="checkbox"/>		
Combined Award: Please specify:			
Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance <input type="checkbox"/> Combination Specify).....			
Name the Year 20.....and Semester..... you intend commencing your study.			
Office Use: Interview Accept App Fee English PTC DatabaseTAMS.....			

REFERENCE

- ❖ All applicants are to attach a letter from a minister or other church leader with an indication of your character and commitment to Christian service, and an encouragement for you to undertake a course of theological study.

Church Affiliation: Indicate the congregation and its wider denominational affiliation (if any) which you most regularly attend.....

Purpose of Study

Outline the purpose for which you intend to take this course. Indicate any form of Christian service you may have in mind on completion of the course.

(Attach a separate sheet if needed)

Do you intend to apply as a candidate for the ministry of the Presbyterian Church of Australia? Yes No
If yes, which **Presbytery** will have oversight of your candidature?

Has theological study been undertaken at another college? If so which college?

Do you wish to apply for credit towards your course on the basis of previous study? Yes No
Do you want the PTC to be your Sponsoring College for any ACT award? Yes No
If No, please name your Sponsoring College?

Educational Qualifications

What is your HIGHEST completed school level?

Year 12 Year 11 Year 10 Year 9 Year 8 Year 7 or lower

Name the town and postcode of your residence in your last year of secondary school

..... Post code.....

Did you complete the HSC? Yes No

If yes, what year did you complete it?..... Please give Universities Admissions Index (UAI/TER):.....

Since leaving school have you attained further qualifications? Yes No

If Yes, List your educational qualifications (including appropriate abbreviation) and attach copies of transcripts..... Year of Completion.....

Disabilities

Do you consider yourself to have a permanent and significant disability? Yes No

If Yes please specify).....

Employment

What BEST describes your current employment status? Eg. Full-time employee/ part-time employee

Please Note:

- ❖ No student will ordinarily be permitted to enrol full-time where he or she is working more than 8 hours per week (apart from FES).
- ❖ No student who is working full-time will ordinarily be permitted to enrol in more than an average of 8cps per semester within any year.

DEEWR are asking for the following information as their preferred way of improving the method of gathering data on socio economic status, resulting from their Advancing Equity and Participation in Higher Education study of 2007.

1b. What was the highest level of education completed by your **Male parent/guardian**

(place tick or cross in the appropriate box):

- 1. Postgraduate qualifications (eg masters, PhD)
- 2. Bachelor qualification
- 3. Other post school qualification (eg, VET/TAFE certificate, apprenticeship, associate degree or diploma)
- 4. Completed Year 12 or equivalent
- 5. Did not complete Year 12 or equivalent
- 6. Don't know
- 7. Not applicable

2b. What was the highest level of education completed by your **Female parent/guardian**

(place tick or cross in the appropriate box):

- 1. Postgraduate qualifications (eg masters, PhD)
- 2. Bachelor qualification
- 3. Other post school qualification (eg, VET/TAFE certificate, apprenticeship, associate degree or diploma)
- 4. Completed Year 12 or equivalent
- 5. Did not complete Year 12 or equivalent
- 6. Don't know
- 7. Not applicable

Language

Were you born in Australia? Yes No

If No what country were you born in? Year of arrival in Australia?.....

Is English your first language? Yes No (If YES, go to Ethnicity. If NO, Continue)

Please specify the primary language spoken at home:.....

If English is not your first language, have you previously passed a tertiary course (not an English language course) in an English language medium? Yes No

If Yes, provide details:.....

Have you undertaken a test of your proficiency in English? Yes No

If YES, please specify which test IELTS Other (specify):

Date of Test.....Score:.....

Please provide details and attach results of any assessment in English language to this application.

Do you wish to register as a student whose first language is not English? Yes No

Ethnicity and Residence Status

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Are you an Australian Citizen? Yes No

If YES, go to Finances

If NO, are you an Aust. Permanent Resident? Yes No or Overseas Student? Yes No

Which country are you a citizen of? Arrival year.....

Do you want the PTC to sponsor an application for a student visa in connection with your proposed study?

If No, go to Finances, if Yes, continue: Yes No

Have you read the immigration provisions relating to students from your country? Yes No

<http://www.immi.gov.au/>

Give your Passport Number: Please give the Visa Number: V

PRIVATE HEALTH INSURANCE

In order for the PTC to accept a student and issue an ECOE, overseas students must take out Private Health Insurance for the length of their stay in Australia. Have you done this?

Yes No (If No, contact the PTC office who may be able to organise this).

Overseas Students Only - Application Fee

A non-refundable application fee of **\$200.00** is to accompany this application.
Cheques are to be made payable to "Presbyterian Theological Centre"
Credit card payments are accepted.

Total Amount: \$.....Type of Card:

Card #

Name on the Card:.....Expiry Date:/.....

Signature:.....

Finances

- Full-time applicants are to attach a brief statement indicating how you intend to support yourself through the course of your study.

DECLARATION:

I declare that the information supplied is true and correct to the best of my knowledge.

Signature of Applicant.....Date:

(NB: ONLY the applicant may sign this form – no proxy signatures will be accepted)

Your checklist - Have you included ?

- | | |
|--|---|
| <input type="checkbox"/> Academic transcripts | <input type="checkbox"/> Application fee (Overseas students only) |
| <input type="checkbox"/> Reference | <input type="checkbox"/> IELTS results (if applicable) |
| <input type="checkbox"/> Financial statement (full-time students only) | |

Return form with accompanying documents and payment to:
Presbyterian Theological Centre
77 Shaftesbury Road Burwood, NSW 2134
Phone (02) 9744 1977 Fax (02) 9744 5970
Email: adminptc@ptcsydney.org
Website: www.ptcsydney.org
CRICOS 02650E

Privacy Policy: The information you supply will be subject to our privacy policy, which may be viewed at www.ptcsydney.org
Some of the questions on this form are required by law for statistical purposes.