

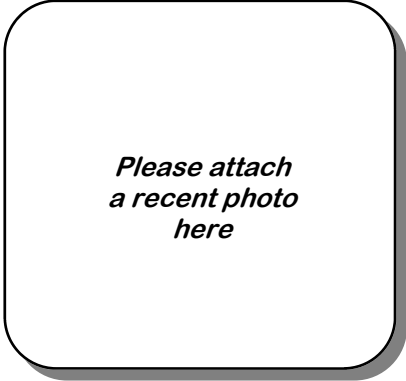


ADELAIDE COLLEGE OF MINISTRIES INC.

CRICOS Provider Number 00990A

INTERNATIONAL STUDENT APPLICATION FORM

Bachelor of Ministries Degree
Advanced Diploma of Ministries
Diploma of Ministries
(please circle one)



CONFIDENTIAL

In which year are you interested in being enrolled? 20_____

Nominate **at which** Australian Embassy you will be applying for your student visa:

The Australian Embassy in: _____

PERSONAL INFORMATION:

*(Please insure that these details are **EXACTLY** as they appear on your current passport.)*

Family Name: _____ Given Names: _____

Address: _____

Phone: (h) _____ (w) _____ Fax: _____

Email: _____ Citizenship: _____

Date of birth: / / Height: _____ Weight: _____

Marital Status: *(circle current status)* single engaged married widow(er) divorced

Names of Children _____
 and
 Dates of Birth: _____

Name of Spouse / Parent: _____

Address: _____

EDUCATION INFORMATION:

(Please include copies of documents supporting your application for retention by ACM)

I. High School Qualifications

- a) High School attended: _____
- b) Certificate obtained: _____ Yr: _____
- c) Subjects and Levels gained: _____

II. Tertiary Qualifications

- a) College: _____
Major or Field of Study: _____
Year of Graduation: _____ Awards Granted: _____
- b) University: _____
Major or Field of Study: _____
Year of Graduation: _____ Awards Granted: _____
- c) Other: _____
Major or Field of Study: _____
Year of Graduation: _____ Awards Granted: _____

EMPLOYMENT INFORMATION:

(most recent employer first)

- I. Name: _____ Type of Work: _____
Address: _____
Dates employed: From: _____ To: _____
- II. Name: _____ Type of Work: _____
Address: _____
Dates employed: From: _____ To: _____
- III. Name: _____ Type of Work: _____
Address: _____
Dates employed: From: _____ To: _____

CHRISTIAN EXPERIENCE:

Name of your Church: _____

Address: _____

Denomination: _____

Are you a member? Yes No How long? _____ years

(Please include further details in your testimony)

LIST THREE REFEREES: (Preferably Christians)

PASTOR OR ELDER:

Name: _____

Address: _____

EMPLOYER: *(Please advise when we may request a reference from your present employer if it would not be convenient now.)*

Name: _____

Address: _____

FRIEND:

Name: _____

Address: _____

GENERAL:

(If yes to the following, please explain:)

Is there any health condition that might hinder your studies? Yes No

Have you applied to or attended any other Bible College? Yes No

Will you be applying for transfer credits for work previously done? Yes No

MINISTRY INFORMATION:

(Please answer the following questions carefully and honestly so that the college can have an understanding of your ministry experience, giftedness and preferences.)

Q. 1. What ministry involvement have you had in your past Christian experience in the local church and in other settings?

Q. 2. What do you consider is your spiritual giftedness, your character strengths/weaknesses and your talents/abilities? (If you do not know your spiritual gift(s) then answer as best you can.)

Q. 3. Do you have a particular area of ministry toward which you are heading? Is there any specific kind of training which you would like to experience?

Q. 4. Do you have a preference for a local church in Adelaide associated with the College? Is there a specific reason why you state this preference?

FINANCIAL INFORMATION:

CONFIDENTIAL

(Please complete the following section where possible. Leave blank those parts that are unknown.)

INCOME PER WEEK	\$	COMMITMENTS PER WEEK	\$
<i>Support Gifts</i>		<i>Estimated Living Expenses</i>	
<i>Part-time Work</i>		<i>House / Rent Payments</i>	
<i>Family Allowance</i>		<i>ACM Fees</i>	
<i>Family Allowance Supplement</i>		<i>Car Repayments</i>	
<i>Other</i>		<i>Credit Card Repayments</i>	
		<i>Other Debt Repayments</i>	

Please indicate how you expect to meet your living expenses and any financial commitments:

TESTIMONY:

On a separate sheet, please write an autobiography of your conversion experience and Christian walk since that time, including what you sense may be God's will for your life at this time and the reason(s) you desire to attend Adelaide College of Ministries.

DISCLOSURE OF INFORMATION:

As required by government regulation (ESOS Act 2000 and the National Code) ACM must inform both Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund of certain personal information.

COMMITMENT:

I am in agreement with the Student Doctrinal Statement and Standard of Conduct of the Adelaide College of Ministries and, if accepted, I undertake to abide by them.

Signature of Applicant: _____

Date: / /

PLEASE INCLUDE \$40.00 APPLICATION FEE WHEN RETURNING THIS APPLICATION

HEALTH COVER: ACM to arrange
 Other arrangement

- Evidence to be supplied by applicant.