



MORLING COLLEGE

(The Baptist Bible and Theological College of New South Wales)

APPLICATION FORM - FULL TIME

On completion of this form applicants are asked to return it to the Principal, Morling College, 120 Herring Road, MACQUARIE PARK, NSW, 2113, Australia.

An interview by the Acceptance Committee of the College will normally be arranged after receipt of this form. Notification of acceptance or non-acceptance will be advised after this interview. Such acceptance or non-acceptance is at the absolute discretion of the College. If accepted, continuation of the course will depend upon a satisfactory record at the conclusion of the first semester of study. The College retains the right to terminate a student's course of study if in its judgement there is sufficient reason to do so. Applicants are reminded that the due completion of this course of study does not automatically qualify the applicant for acceptance as a candidate for the Baptist ministry or accreditation for that ministry. For information concerning acceptance as a student in training for the Baptist ministry please contact the Associate Superintendent for Pastoral Development, Baptist Churches of NSW and the ACT, Private Bag 8, Glebe, NSW, 2037.

Overseas applicants must pay a non-refundable \$300 application fee on submitting this form and accompanying requested documentation.

(Note: Applications for full-time study received after January 31 for Semester 1 and June 30 for Semester 2 will incur a charge of \$300. The College reserves the right to waive these fees in exceptional circumstances.)

1. **NAME:** SURNAME.....
GIVEN NAMES.....
PREFERRED TITLE (Mr, Mrs, Miss, Ms etc.).....

2. **POSTAL ADDRESS:**
..... POSTCODE.....
TELEPHONE: HOME..... BUSINESS.....
MOBILE EMAIL

3. **DATE OF BIRTH:**.....
PLACE OF BIRTH :

4. **STATUS IN AUSTRALIA** *(please tick one)*
 Australian Citizen Permanent Resident Visa Other

If you ticked Visa (whether you have it already or need to apply for it), please attach a photocopy of it and/or your passport. Please also complete the following—

Visa: type expiry date

5. **MARITAL STATUS:**.....**DATE OF MARRIAGE:**.....

DEPENDENTS: (Wife/husband, names and ages of children)

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NEXT OF KIN: (Name and address).....

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If married, do you wish to apply for accommodation on campus? Yes No
(Units suitable for married couples & families are available, but are limited in number.)

Single students are normally required to live on campus in Student accommodation blocks.

IF SINGLE, ARE YOU HAPPY TO LIVE ON CAMPUS? Yes No

If not, give reasons for your being allowed to live off campus

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6. **Present church membership:**.....

Length of time in fellowship there:.....

If less than one year, last church where you were in membership for one year or more:.....

Period of membership from.....to.....

Have you discussed your proposed course of study with your pastor?.....

7. **Language:** what is your first language?.....

If not English, do you have an IELTS score or have completed tertiary level studies in English?
(Documentary evidence should be attached)

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8. Education:
High school (*Level reached and subjects passed with grade*)

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*If you have a NSW HSC or equivalent, please attach documentation (including UAI)
A photocopy of your final Certificate is satisfactory.*

TERTIARY EDUCATION (Include details of any formal education post secondary level including technical or professional education etc.)

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M.Div. and Grad.Dip. applicants please attach a copy of a final Degree transcript or testamur

9. Occupation:.....

Name and address of present employer:.....
(*or last employer if currently unemployed*)

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Length of time in present occupation:.....
(*or length or time and date of finishing for last employment if currently unemployed*)

10. Have you ever studied or applied to study at Morling College before?

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If you have studied here before, state the year or years:

If you have applied but not studied, when and with what result?

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11. Have you ever applied to other institutions which train for Christian service?

Yes No

If YES, with what result?

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Details of training done in such institutions:

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12. Have you sufficient means in hand to support yourself during the course and to pay fees?

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(*Note: unless students use FEEHELP it is advisable that they have the first semester's fees ready at the start of the course*)

If not, what amount will be in hand before the course commences?

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If the full amount is not in hand, how do you propose to provide the balance required?

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Have you any financial liabilities?

18. PLEASE ATTACH -

- (a) a brief account of your conversion
- (b) a brief statement of your experience in Christian work
- (c) a brief statement of your purpose in attempting this course
- (d) a brief outline of your beliefs about Christian doctrines
- (e) the name, postal address, **EMAIL ADDRESS** and telephone number of 5 persons from whom references may be sought (*i.e.*, people who know you well enough to answer questions:
 - the Minister or Pastor of the church you are attending
 - three Christian friends (not immediate family members)
 - the Secretary or Administrator of your church
- (f) a medical certificate indicating your state of health (*see attached form*)
- (g) a passport sized photo

19. DECLARATION

- (a) I declare that the information supplied is true and correct to the best of my knowledge.
- (b) I authorise the College to obtain referees' reports and any other information which will assist in deciding the outcome of my application.
- (c) I have received and read the Student Information section of Morling College's Supplement to the Prospectus, and I agree to abide by the rules and requirements contained therein.

.....
PERSONAL SIGNATURE

.....
DATE

SURVEY QUESTION:

How did you find out about Morling College?

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Medical Examination Form

Name (*please print*):

Date of birth:

Height:

Weight:

1. Has the applicant any medical condition which would limit his/her ability to pursue a course of study?

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2. Does the applicant suffer from any chronic illness, and if so, what is the nature of the treatment required by this illness?

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3. Any further comments?

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Medical practitioner:

Date: