

## APPLICATION FOR ADMISSION Graduate Research School

Please send completed application including all supporting documents to [grs@scd.edu.au](mailto:grs@scd.edu.au) or mail to PO Box 1882, Macquarie Centre, NSW 2113, Australia.

6B / 5 Talavera Road, Macquarie Park, NSW 2113  
w| [grs.scd.edu.au](http://grs.scd.edu.au) e| [grs@scd.edu.au](mailto:grs@scd.edu.au) p | (02) 9889 1969

### PERSONAL DETAILS

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male  
 Marital Status:  Married  Single  Other Previous Family Name: \_\_\_\_\_

### CONTACT DETAILS

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Term Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Permanent Home Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### BACKGROUND DETAILS

Are you of Aboriginal and/or Torres Strait Islander Origin?  
 No  Yes, Aboriginal  Yes, Torres Strait Islander  Both  
 Country of Birth: \_\_\_\_\_ If born overseas, year arrived: \_\_\_\_\_  
 Citizenship (Please provide certified copy of Birth Certificate or Passport) \_\_\_\_\_  
 If you are not an Australian citizen, are you a Permanent Australian Resident?  No  Yes  
(If Yes, Please provide evidence of residency)  
 Do you speak a language other than English at Home?  No  Yes  
 If Yes, which language? \_\_\_\_\_

**ADMISSION****COURSE SELECTION**

Please indicate which course you are seeking admission into:

- Master of Philosophy       Doctor of Ministry      AQF Level 10  
 Doctor of Philosophy       Doctor of Theology      AQF Level 10

**ADMISSION****COURSE ADMISSION**

When do you wish to begin your studies? \_\_\_\_\_

*(e.g. Semester / Trimester 1, YEAR)*Are you intending to study:     Part Time     Full Time    **USI:** \_\_\_\_\_

On what basis are you seeking admission?

*(More information <https://scd.edu.au/future-students/unique-student-identifier-usi>)*

- Higher School Certificate or equivalent       Professional Qualification  
 Secondary Education, TAFE or equivalent       Mature age  
 Higher Education course       Special entry

Would you like to apply for credit for previous study?     No     Yes*(If Yes, Please include copies of Academic Transcripts and Certification)***ADMISSION****ENGLISH PROFICIENCY**Is English your first language?     No     Yes    *(If English is not your first language, you may be required to complete an Academic IELTS test.)*Have you completed an English Test?     No     Yes    **If Yes, name of Test:** \_\_\_\_\_**Test Date:** \_\_\_\_\_    **Test Score:** \_\_\_\_\_*(Please include copy of the English Test Result)***FINANCIAL INFORMATION**How do you plan to pay for your studies? *(Tuition fees are required before each semester / trimester begins)*

- Cash/Cheque       Bank Transfer       Credit Card *(MasterCard or Visa)*  
 FEE Help *(Please request Fee HELP information and request form from your MI)*       Other \_\_\_\_\_

Are you a pensioner:     No     Yes    *(If Yes, Please supply evidence for administration purposes)***MARKETING**Why have you chosen to study in this college? *(Please select most appropriate reason)*

- To get a job       To develop my existing business       To start my own business  
 To try for a different career       To get a better job or promotion       It was a requirement for my job  
 I wanted extra skills for my job       To get into another course       Personal interest/development  
 Other: \_\_\_\_\_

How did you discover this college?     Web     Student     Staff     Exhibition     Church     Advertising Other: \_\_\_\_\_

What is your current working status?

- Employed Full-Time       Employed Part-Time       Self Employed       Employer  
 Employed Unpaid Work       Unemployed Seeking FT       Unemployed Seeking PT       Not Seeking Employment

**MARKETING****CHURCHES ATTENDED PAST 5 YEARS**

Church Name	Denomination	Year Joined	Year Left

What areas of ministry have you been involved in during the last five years?

## CURRENT EDUCATION

Have you got a CHESSN?  No  Yes CHESSN: \_\_\_\_\_  
 Are you currently studying elsewhere?  No  Yes If Yes, please indicate:  Part Time  Full Time  
 Name of institution: \_\_\_\_\_ Course: \_\_\_\_\_

## SECONDARY EDUCATION

School Attended in your last year of Secondary School: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Year 12 completed?  No  Yes Grade you left school: \_\_\_\_\_ Year you left school: \_\_\_\_\_  
 If your last year of secondary schooling was completed overseas:  
 Country of Studies: \_\_\_\_\_ Language of Studies: \_\_\_\_\_  
 Where you lived during the last year of Secondary School: Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 University Entrance:  ATAR  UAI  TER  OP Score: \_\_\_\_\_  
*Please include copies University Entrance Results if you are using it for basis of entry*

## TERTIARY OR OTHER RELEVANT EDUCATION

Name of Institution	Name of Course	Completed	Year Completed or Withdrawn
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

*Please include copies of Academic Transcripts and Certification*

## PREVIOUS ADMISSION TO SCD

Have you previously been admitted into a Member Institution of the SCD?  No  Yes

Name of Institution	Name of Course	Completed	Year Completed or Withdrawn
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

## PARENTS/GUARDIAN EDUCATION LEVEL

*The Department of Employment, Education and Workplace Relations requires this information to be collected for statistical purposes. It will not be used by the Sydney College of Divinity or its Member Institutions in the assessment of your application for admission.*

### Parent and/or Guardian 1:

Female  Male  No parent/guardian

### What is the highest level of education completed by your Parent and/or Guardian 1?

- Postgraduate qualification  
*(e.g. Graduate Certificate/Diploma, Masters, Doctorate etc.)*  
 Bachelor degree  
 Other post-school qualification  
*(e.g. Certificate IV, Diploma, completed apprenticeship, VET/TAFE Certificate etc.)*  
 Completed Year 12 schooling or equivalent  
 Completed Year 10 schooling, continued, but not Year 12  
 Completed Year 10 schooling or equivalent  
 Didn't complete Year 10 schooling  
 Don't know

### Parent and/or Guardian 2:

Female  Male  No parent/guardian

### What is the highest level of education completed by your Parent and/or Guardian 2?

- Postgraduate qualification  
*(e.g. Graduate Certificate/Diploma, Masters, Doctorate etc.)*  
 Bachelor degree  
 Other post-school qualification  
*(e.g. Certificate IV, Diploma, completed apprenticeship, VET/TAFE Certificate etc.)*  
 Completed Year 12 schooling or equivalent  
 Completed Year 10 schooling, continued, but not Year 12  
 Completed Year 10 schooling or equivalent  
 Didn't complete Year 10 schooling  
 Don't know

## DISABILITY

Do you have a disability, impairment or long term medical condition, which may affect your studies?  No  Yes  
*(If Yes, Please indicate below)*

Hearing  Learning  Mobility  Vision  Medical  Mental  Other: \_\_\_\_\_

Would you like to receive advice on support services, equipment, and facilities, which may assist you with your condition?  No  Yes

*Please provide documented evidence of your condition, so we could assess how we may be able to best assist you.*

## APPLICATION CHECKLIST

## \*COMPULSORY DOCUMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Passport size photograph   | <input type="checkbox"/> Certified IELTS/English Test Results <span style="float: right;">(if required)</span> |
| <input type="checkbox"/> Certified Birth Certificate or Passport*   | <input type="checkbox"/> Certified Evidence of Residency <span style="float: right;">(if required)</span>      |
| <input type="checkbox"/> Certified Academic Transcripts <span style="float: right;">(Tertiary Study)</span> | <input type="checkbox"/> USI   |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____  |

(Original documents should be sighted then certified by a JP, Cdec, Lawyer, Accountant, School Principal, Bank Manager, Pharmacist, Minister of Religion or a selected Member Institution Staff)

## POLICIES

## WITHDRAWAL AND REFUND

Students may withdraw from courses without academic penalty only if notice of withdrawal is submitted in writing to the Registrar by 4.00 pm on the Census Date applicable to the subject in question.

If withdrawal occurs up to 4.00 pm on the Census date the tuition fee will be refunded but a withdrawal penalty will be charged to the student and is payable immediately. Beyond this time, tuition fees will not be refunded. See the Sydney College of Divinity Refund Policy for further details.

If the Sydney College of Divinity Member Institution defaults in delivery of subjects or courses the arrangements set out in the Sydney College of Divinity Refund Policy apply.

## POLICIES

## PRIVACY LEGISLATION

Sydney College of Divinity (SCD) and its Member Institutions require the information requested of you in this form in order to provide you with education services and to cater for particular student's needs. If you do not provide all the relevant information, we may not be able to provide such services and to assess your academic progress.

Please also note that the SCD and its Member Institutions may provide your personal information and sensitive information to third parties (e.g. educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as DESE, Centrelink and the Department of Home Affairs, Tuition Assurance Scheme, ESOS Assurance Fund Manager, Graduate Careers Australia, Insync Surveys PL, QILT, TalkCampus) in order to provide you with high quality education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Privacy Officer.

## POLICIES

## PUBLISH IMAGES

From time-to-time Sydney College of Divinity (SCD) and its Member Institutions will take photos of students for a variety of purposes, publications and on the internet. Your permission is required before we can use your image in these public domains.

## DECLARATION

- I understand and accept the Withdrawal and Refund arrangements of the SCD's Member Institution.
- I understand and accept the privacy legislation.
- I give permission for SCD and its Member Institutions to publish my image.
- I wish to be considered for entry into the program that I have nominated.
- I declare that the information that I have provided herein is true and accurate to the best of my knowledge.

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

## OFFICE USE ONLY

## MEMBER INSTITUTE

Date Received			Date Approved		
Award			Basis #		
Credit Transfer			Payment Method		
<b>Basis #</b>	1. HSC or equivalent (Entry to DipTh, DipMin, DipChSt, ADCTP, BTh, BMin)	2. Cross Institution Electives	3. Mature Age (Entry to DipTh, DipMin, DipChSt, ADCTP, BTh, BMin)	4. Special Entry (Entry to DipTh, DipMin, DipChSt, ADCTP, BTh, BMin)	5. 3 year Bachelor award (Entry to GCA, GDA, MDiv)
	6. Grad Cert, Grad Dip in discipline of Theology/Ministry (Entry to MA – 1 year)	7. 3 year Bachelor award in discipline of Theology/Ministry (Entry to MA – 1.5 year)	8. 3 year Bachelor of Theology or equivalent (Entry to MTh)	9. Professional Entry (Entry to GCA)	10. Audit Student