



# ENROLMENT APPLICATION FORM

Complete the Application form and return with non-refundable Application Fee

Full-time \$100.00 Part-time \$25.00

**1. PERSONAL PARTICULARS**

MR/MRS/MISS etc \_\_\_\_\_  
FAMILY NAME \_\_\_\_\_  
FIRST NAMES \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only  
Date Rec'd \_\_\_\\_\_\_\\_\_\_  
Appl'n Fee Rec'd Y  N   
Acpt'd/Decl \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Student No. \_\_\_\_\_

PHONE Home( ) \_\_\_\_\_ Work( ) \_\_\_\_\_  
Mobile( ) \_\_\_\_\_ Email: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
RESIDENTIAL STATUS \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
SPOUSE'S NAME \_\_\_\_\_  
Person to contact in case of emergency \_\_\_\_\_  
Phone: \_\_\_\_\_

**2. COURSE APPLYING FOR** *Please tick ✓*

- Certificate IV in Planting and Growing Vibrant Churches
- Diploma of Planting and Growing Vibrant Churches
- Advance Diploma of Planting and Growing Vibrant Churches
- Semester  Year

**For Part-time study Only - Please List the Subject you Are Applying For**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EDUCATIONAL BACKGROUND**

(A) Secondary School: Level Achieved (please attach copy of certificate) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Tertiary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Other (ie trade/other certificates or qualifications): \_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT (A)**

Please attach certified copies of relevant qualifications, awards and transcripts of results   
(Only if you intend to apply for recognition of prior learning or recognition of a qualification.)

**4. EMPLOYMENT HISTORY**

Please show details of the last five (5) years. Use extra pages if needed:

<b>Dates</b>	<b>Nature of Employment</b>	<b>Position</b>	<b>Motivation for Change</b>

**5. PERSONAL**

5.1 How and when did you become a Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.2 Previous & present church affiliations (Please list most recent first)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.3 Christian service, including positions held & duration \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.4 List of talents, gifts, abilities or hobbies that may be helpful during your Training at The Pines - (ie *play musical instrument, art, paint, carpentry, stage lighting, computer, drama, sewing, welding etc.*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.5 Do you use any of the following: (Tick  the box that applies)  
Alcohol    Tobacco    Illicit Drugs    None    If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_



**13. ANY OTHER INFORMATION/COMMENTS CONSIDERED HELPFUL TO YOUR APPLICATION**

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**14. PLEASE INDICATE YOUR PREFERENCE FOR FIELD TRAINING**

√ (Certificate IV Only)

- i. Church you are presently attending
- ii. A Church chosen by The Pines Training Centre
- iii. Denominational preference \_\_\_\_\_
- iv. Large or small congregation \_\_\_\_\_

*(Due to distance some participants may not find it possible to undertake Field Training in their home church. In this case The Pines will provide a suitable Church on the Sunshine Coast)*

*As part of your Field Training you may be required to undertake work with Minors. Therefore, you will be required to apply for a Queensland Government Positive Notice Blue Card for Child Related Employment to enable you to be active in this area of Ministry.*

**15. ACCOMMODATION**

*Do you require the assistance of The Pines Training Centre to find accommodation on the Sunshine Coast?* \_\_\_\_\_

**16. REFEREES (Please give the enclosed Reference Forms to these people)**

NAMES & ADDRESSES OF PERSONS WHO KNOW YOU WELL AND WHO MAY BE APPROACHED TO GIVE INFORMATION ABOUT YOU:

(A) PASTOR OF THE CHURCH YOU ATTEND

Name of Church: \_\_\_\_\_

Full Name of Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_ P/H( ) \_\_\_\_\_

(B) ONE OTHER CHRISTIAN WHO HAS KNOWN YOU WELL IN RECENT YEARS (OTHER THAN RELATIVES)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C \_\_\_\_\_ P/H( ) \_\_\_\_\_

**DECLARATION:**

***I have read The Pines Training Centre handbook and I agree with the Statement of Faith of The Southern Cross Institute Pty Ltd. I declare that the information provided in the application is to the best of my knowledge accurate in all respect.***

***I hereby authorise The Pines Training Centre to use personal information to process and effect my application.***

**Signature..... Date.....**

*The Pines welcomes applications for training from any Christian who is an active participant in a congregation of the Christian Church. However, we retain the right to decline to accept an application from a person whose doctrinal beliefs or values are in conflict with those supported by our parent body, the Southern Cross Institute.*