



# DOMESTIC STUDENT APPLICATION FORM

SURNAME   Male  Female

FIRST NAME  Date of Birth   
(compulsory)

ADDRESS

PHONE  Mobile

EMAIL

**ADDRESS:**  
Building 4  
175 Varsity Parade  
Varsity Lakes QLD 4227

**POSTAL ADDRESS:**  
PO Box 35  
Varsity Lakes QLD 4227

**CONTACT DETAILS:**  
PH: 07 5551 0269  
Fax: 07 5641 7810  
EM: reception@hopecollege.com  
W: https://hopecollege.com

**CITIZENSHIP** (Please tick)  
 Australian Citizen  New Zealand Citizen  Australian Permanent Resident

**SPECIAL LEARNING NEEDS OR IMPAIRMENT** Answering this question will not affect your enrolment.  
Do you have a disability, impairment or long term medical condition which may affect your studies?  
 YES  NO

If yes, please indicate your condition

Would you like to receive advice on support services, equipment and facilities which may assist, if available?  YES  NO

**PRIOR ACHIEVEMENT**  
What is your highest completed education level?

Date Completed

**I WISH TO APPLY FOR:** (COURSE DETAILS)  
Course Name & Code

**I WISH TO COMMENCE MY STUDIES:**  Full-Time  Part-Time (distance only)

**I PLAN TO STUDY BY:**  Distance Education  
 Local Church Learning Centre  
 On Campus Internal Education ( Gold Coast or  Brisbane Korean Campus)

**HOW DID YOU HEAR ABOUT US?**

**Introduced By?**

**HOPE COLLEGE**  
is a training ministry of  
Hope of the Gold Coast Ltd  
ABN: 72 070 512 560

**PROVIDER CODE:**  
2942

**CRICOS PROVIDER CODE:**  
01679M

**CENTRELINK CODE:**  
4P105

**APPLICATION CHECKLIST**

ALL APPLICANTS TO COMPLETE	ADDITIONAL DOCUMENT REQUIREMENTS
<input type="checkbox"/> Completed the Student Application Form <input type="checkbox"/> Enclosed non-refundable \$150 application fee per course <input type="checkbox"/> Signed Declaration From the Student Handbook <input type="checkbox"/> Unique Student Identifier number (USI) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>(Please go to the Website below to obtain USI)  <a href="https://www.usi.gov.au/students/create-usi">https://www.usi.gov.au/students/create-usi</a></p>	<p align="center"><b>Ministry</b></p> <input type="checkbox"/> Pastoral Reference Form <input type="checkbox"/> Short Essay giving your reasons for applying  <p align="center"><b>Chaplaincy</b></p> <input type="checkbox"/> Pastoral Reference Form <input type="checkbox"/> Chaplaincy Questionnaire

**PAYMENT OPTIONS** (Please tick preferred method of payment)

**Credit Card** (number)  Expiry Date

Master Card     Visa Card    Amount

Name on Card

Signature

**Direct Debit**      **Account Name:** Hope of the Gold Coast Ltd      **Bank:** Westpac Banking Corporation  
**BSB No:** 034 654    **Account No:** 110431      **Reference:** Applicant name

**Cheque/Money Order**      **Please make payable to:** Hope of the Gold Coast Ltd  
**Post to:** PO BOX 35, Varsity Lakes, QLD 4227

**ADDITIONAL INFORTMATION** (if applicable)

**DECLARATION:** I have read, understood and agreed to be bound by the terms and conditions set out in the Student Handbook.  
 See Hope College Website <https://hopecollege.com>

Applicant's signature       Date

Parent/Guardian signature   
 (if under 18 years of age)

**In Person:** Building 4, 175 Varsity Parade, Varsity Lakes, QLD 4227

**Email to:** [reception@hopecollege.com](mailto:reception@hopecollege.com)

**Post to:** PO BOX 35, Varsity Lakes, QLD 4227

**Fax:** 07 5641 7810

**Website:** <https://hopecollege.com>

