

INTERNATIONAL STUDENT APPLICATION FORM



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>

SURNAME Male Female

FIRST NAME Date of Birth
(compulsory)

ADDRESS

PHONE Mobile

EMAIL

CITIZENSHIP (Please tick)

Student Visa Bridging Visa Tourist Visa Not Yet in Australia
 Other type of Visa:

Current Nationality Country of Birth

Immigration Office (Depart. Of Home Affairs) being used to lodge your Student Visa Application:
 (City of the immigration office located)

Do you have an Australian Visa? Please write down the "Visa Grant Number":

USI (Unique Student Identifier number)
(<https://www.usi.gov.au/students/create-usi>)

LANGUAGE Which language do you mainly speak at home?

Is English language assistance required? YES NO
 If you have an official English language test score, please circle: IELTS, TOEFL, C1, PTS, OET
 Date of exam Score

(please, attach a copy of your results to this application – if applicable)

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

COURSE SELECTION (tick the number of years studying; application fee is non-refundable)				
<input type="checkbox"/>	2 Years	10743NAT	<i>Diploma of Christian Ministry and Theology</i>	2 years full-time \$150 application fee
<input type="checkbox"/>	2 Years (3rd and 4th years of study, 2 extra years after the Diploma of Christian Ministry and Theology)	10744NAT	<i>Advanced Diploma of Christian Ministry and Theology</i>	2 years full-time \$150 application fee
<input type="checkbox"/>	6 months (1st part of 5th year of study, 6 months extra after the Advanced Diploma of Christian Ministry and Theology)	10745NAT	<i>Graduate Certificate in Christian Ministry and Theology</i>	6 months full-time \$150 application fee
<input type="checkbox"/>	1 year (2nd part of 5th year of study, 1 year extra after the Graduate Certificate in Christian Ministry and Theology)	10746NAT	<i>Graduate Diploma of Christian Ministry and Theology</i>	1 year full time \$150 application fee
CAMPUS SELECTION			<input type="checkbox"/> Gold Coast	<input type="checkbox"/> Brisbane Campus (Korean only)
COMMENCEMENT DATE SELECTION			YEAR: 20__ __	TERM: 1 2 3 4

APPLICATION CHECKLIST

ALL APPLICANTS TO COMPLETE

- | | |
|--|---|
| <input type="checkbox"/> Completed the Student Application Form
<input type="checkbox"/> Non-refundable \$150 application fee per course
<input type="checkbox"/> Signed Declaration From the Student Handbook
<input type="checkbox"/> Unique Student Identifier number (USI)
(Please go to the Website below to obtain USI)
https://www.usi.gov.au/students/create-usi
<input type="checkbox"/> Letter of Release from current provider (if applicable) | <input type="checkbox"/> Pastoral Reference Form
<input type="checkbox"/> Short Essay giving your reasons for applying
<input type="checkbox"/> Copy of Current Passport
<input type="checkbox"/> Copy of Your English Language Test results (if applicable)
<input type="checkbox"/> Overseas Student Health Cover Payment (if applicable) |
|--|---|

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
SWIFT CODE FOR INTERNATIONAL TRANSFER: WPACAU2S

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

I WILL BE APPLYING FOR: (please tick if applicable)

- Student ID Card (photo will be taken at Orientation)
- Overseas Student Health Cover (OSHC): payment for OSHC is required to be made with the lodgement of your application

Please supply the details below for the Overseas Student Health Cover if you wish us to arrange it for you

First Name	Family Name	Relationship (eg. son, wife)	Male/ Female	Date of Birth

HOW DID YOU HEAR ABOUT US?

INTRODUCED BY?

(If a Hope College graduate or current student introduced you to Hope College, please write down their full name)

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**

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