# INTERNATIONAL STUDENT APPLICATION FORM



175 Varsity Parade Varsity Lakes QLD 4227

### **POSTAL ADDRESS:**

PO Box 35 Varsity Lakes QLD 4227

#### **CONTACT DETAILS:**

PH: 07 5551 0269

EM: registrar@hopecollege.com W: https://hopecollege.com

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

RTO PROVIDER CODE: 2942

**CRICOS PROVIDER CODE:** 01679M

CODE: 114921M)

**CENTRELINK CODE:** 4P105

Surname		Given Name					
Gender	☐ Male ☐ Female ☐ Prefer not to sa	ay Date of Birth					
Address							
Phone no.		Mobile No.					
Email							
Current Nat	ionality	Country of Birth					
Visa Statu	(Please tick the relevant box.)						
☐ Student	Visa ☐ Bridging Visa ☐ Tourist	Visa ☐ Not Yet in Austra	lia				
☐ Other typ	pe of visa						
If have an A	australian Visa, please provide the "Visa	a Grant Number":					
Immigration	n Office (Depart. Of Home Affairs) bein	$^{-}$ g used to lodge your Stude	nt Visa Application:				
n (Cit	ty of the immigration office located)						
	e Student Identifier number) ww.usi.gov.au/students)						
LANGUAG	<b>E</b> Which language do you mainly sp	eak at home?					
	language assistance required? □YE e an official English language test scor		TOEEL IRT PRE Academia				
Date of e		Score	TOEFLIBI DEFLE ACAGEMIC				
	attach a copy of your official English test		pplicable)				
SPECIAL L	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 ACI	HIEVEMENT						
=	our highest COMPLETED secondary s						
	t go to school ☐ Year 8 ☐ Yea		ar 11 □ Year 12				
What is yo	our highest completed education level?						
		Date comple	eted				
Have you completed any other qualifications?  ☐ YES ☐ NO If yes, please provide details.							
Employment Status  ☐ Unemployed ☐ Full time ☐ Part time ☐ Casual ☐ Not applicable							
Do you want Hope College Australia to arrange your Overseas Student Health Cover (OSHC) on your behalf?							
$\square$ YES $\square$ NO (If NO, you must arrange your own OSHC and provide a certificate of OSHC.)							
Are you 18 years of age or over? (Compulsory) ☐ YES ☐ NO							
COL	COURSE SELECTION - Tick the relevant boxes for the course/s you wish to enroll.						
Courses Condi	(Please note that application Course Name		Application for				
Course Code	Course Name	Course duration	Application fee				
11238NAT (CRICOS COURSE CODE: 114921M)	Diploma of Christian Ministry and Theolog	2 Years full-time	2 years full-time \$150 application fee				

Year: 20

Term: □1 □2 □3 □4

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**Expected Commencement Date** 

#### **APPLICATION CHECKLIST**

ALL APPLICANTS TO COMPLETE								
☐ Completed the Student Application Form		☐ Pastoral Reference Form						
□ Non-refundable \$150 application fee per course □ Signed the Student Handbook Declaration form			☐ Short Essay on "Why you want to study at Hope College Australia."					
			☐ Copy of Current Passport					
☐ Unique Student Identifier number (USI) - Onshore student only			☐ Copy of Your English Language Test results (if applicable)					
(Please go to the Website below to obtain USI)			□ Overseas Student Health Cover Payment (if applicable) or a					
https://www.usi.gov.au/students			Certificate of OSHC					
☐ Letter of Release from current provider (if applicable)								
PAYMENT OPTIONS (	Please tick preferred	method of payment.)						
☐ Online Credit Card	d Payment Pleas	se go to https://hopeco	llege.com/	lick " <b>Pay Online</b> "				
□ Internet Banking Account Name: Hope of the Gold Coast Ltd BSB No: 034 654 Account No: 110431 Bank: Westpac Banking Corporation Reference: Applicant name								
For Overseas Telegraphic Transfer: Please pay in AUD SWIFT CODE: WPACAU2S  Note: Overseas transfer may incur a fee of up to \$30 (AUD) which will be charged to you.								
□ Cheque/Money Order  Please make payable to: Hope of the Gold Coast Ltd  Post to: PO BOX 35, Varsity Lakes, QLD 4227								
	hoto will be taken at Health Cover (OSHC			_				
First No	_	Family Na		Relationship (e.g., son, wife)	Male/ Female	Date of Birth		
HOW DID YOU HEAR A	ABOUT US?							
INTRODUCED BY?								
(If a Hope College Austr	ralia graduate or curren	t student introduced you to	Hope College Austra	alia, please provide the	ir full name)			

## **DECLARATION:**

I understand the terms and conditions applicable to this enrolment and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student at Hope College Australia.

I agree that it is my responsibility to retain a copy of this written agreement as supplied by Hope College Australia and receipts of any payments of tuition fees or non-tuition fees.

I agree that under the Data Provision Requirements 2012, Hope College Australia is required to collect personal information about me and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

My personal information (including the personal information contained on this enrolment form and my training activity data) may be used or disclosed by Hope College Australia for statistical, regulatory and research purposes. Hope College Australia may disclose my personal information for these purposes to third parties, including:

- Employer if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVFR
- Organisations conducting student surveys; and
- Researchers.

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Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation. I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at <a href="https://www.ncver.edu.au">www.ncver.edu.au</a>).

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-	to the terr d correct.	ns and conditions applicable to this enrolment and co	onfirm that the information	n I have provided in this enrolment form is
Applicant's s	signature		Date	
In Person:	Buildir	g 4, 175 Varsity Parade, Varsity Lakes, QLD 4227		
Email to:	<u>registra</u>	r@hopecollege.com		
Website:	https://l	nopecollege.com		IIMNA

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