

Personal Information								
Date								
Name						Title (please circle) Mr Mrs Ms Miss Dr Rev Other		
Email								
Address								
Suburb				Post code			State	
Country								
Mobile phone #				Other Phone #				
DOB			Gender			Marital status		
Current occupation					Church			
Country of Citizenship				If not Australia are you a Permanent Resident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country of Birth				Is English your first language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I am considering enrolment in the following course: <i>(please indicate your preference with an x)</i>			
Australian College of Theology Accredited Courses:		TTC Programmes unaccredited:	
<input type="checkbox"/>	AQF Level 5 Diploma of Theology (Domestic Students Only)	<input type="checkbox"/>	Certificate of Christian Studies (CCS) Trinity@Night
<input type="checkbox"/>	AQF Level 7 Bachelor of Theology	<input type="checkbox"/>	Audit Only
<input type="checkbox"/>	AQF Level 8 Graduate Diploma of Divinity (Domestic Students Only)	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	AQF Level 9 Master of Divinity (Coursework)	<input type="checkbox"/>	
<input type="checkbox"/>	AQF Level 9 Master of Theology (Research)	<input type="checkbox"/>	
<input type="checkbox"/>	AQF Level 10 Doctor of Philosophy or Theology (Research-Domestic Students Only)	<input type="checkbox"/>	

Study Mode:		Commencing:	
<i>Full Time / Part Time</i>		<i>Semester and Year</i>	

Ministry Training Strategy (MTS), Internships or CCS?		
Are you currently enrolled or have you completed a Ministry Training Strategy (MTS) or other ministry internship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details with dates and name of ministry organisation/trainer _____		
Have you completed any CCS Units (Trinity@Night) at Trinity Theological College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you spoken with your pastor/minister about your interest in studying at TTC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest level of study?		
Course Name	Institution	Year of Completion

Further Questions	
How did you hear about Trinity? Please select all that apply.	
<input type="checkbox"/> Through my Pastor/Church <input type="checkbox"/> From a Friend <input type="checkbox"/> From a current student Please give names if possible _____	
<input type="checkbox"/> Google Search (no previous knowledge of Trinity) <input type="checkbox"/> Social Media <input type="checkbox"/> Advertising	
Do you wish to receive further information about Trinity from the Registrar? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to commence the application process by scheduling an initial phone interview with a member of faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No	