

| 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"/> AQF Level 9 Master of Theology (Research) | |
| <input type="checkbox"/> AQF Level 10 Doctor of Philosophy or Theology (Research-Domestic Students Only) | |

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

| Ministry Training Strategy (MTS), Internships or CCS? | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| Have you completed or do you intend to enroll in 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 | |
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| 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 | |