

Certificate IV in Counselling for Pastoral Care:

STUDENT APPLICATION/ENROLMENT FORM

1. Personal and Contact Details

| | |
|---|--|
| SURNAME: | |
| GIVEN NAME(S) | |
| DATE OF BIRTH | |
| CONTACT DETAILS Phone/e-mail/Mobile | |

2. Street Address / Postal Address Same as Street Address

| | |
|------------------------------|-----------------|
| STREET ADDRESS/PO BOX | |
| SUBURB | POSTCODE |

Recognised Prior Learning

Do you wish to apply for credit (recognition of prior learning)?

If yes, please contact Registrar for an application form:

CURRENT OCCUPATION AND WHY YOU WOULD LIKE TO DO THE COURSE:
PLEASE INCLUDE CURRENT EMPLOYMENT STATUS (ie. Fulltime, part-time, casual, self-employed)

PLEASE DETAIL YOUR EDUCATION BACKGROUND/COURSES COMPLETED:

PLEASE INDICATE IF THERE ARE ANY AREAS OF DISABILITY, IMPAIRMENT OR LONG TERM CONDITION, THAT YOU CONSIDER YOURSELF TO HAVE:

PLEASE IDENTIFY THE CHURCH THAT YOU CURRENTLY ATTEND.
THIS COURSE REQUIRES A SUBSTANTIAL AMOUNT OF PRACTICAL SUPERVISION.
DO YOU HAVE ACCESS TO AN EXPERIENCED COUNSELLOR WHO COULD FULFILL THIS ROLE?

ARE YOU CURRENTLY DOING ANY COUNSELLING? IF SO PLEASE DESCRIBE.
IF NOT, WHAT SKILLS DO YOU HAVE THAT WOULD BE ENHANCED BY DOING THIS COURSE?

PLEASE ATTACH THE FOLLOWING WITH YOUR APPLICATION:

- A REFERENCE FROM YOUR PASTOR/MINISTER
- ATTACH EVIDENCE OF ACADEMIC ATTAINMENTS
- A NON-REFUNDABLE DEPOSIT OF \$500 IS PAYABLE UPON APPLICATION: PAYMENT CAN BE MADE TO CHRISTIAN COMMUNITY HIGH SCHOOL. (Contact Jill O'Dell – 66534000)

Applicant Declaration

By signing below I agree to comply with all of the requirements, standards and procedures of National Training Solutions in partnership with North Coast Ministry Training College, and commit myself to complete each course with integrity and honesty. By signing I grant permission for my details to be held on the Institutes confidential file, but not to be otherwise released. I declare that the information provided in this form is complete and accurate and that fees will be paid in full as they are due.

Are you applying for Austudy/Abstudy/Youth Allowance? Yes No

Name

Signature

Date

Please return this form to -

**The Registrar
North Coast Ministry Training College
226 Bonville Station Road
Bonville NSW 2441**