



## APPLICATION FOR FORMATION EXPERIENCE ADMISSION 2019

### INSTRUCTIONS:

All sections are to be completed. Submit the completed application form and associated documents to the Formation Centre, preferably by email.

Email: [swhitehead@acom.edu.au](mailto:swhitehead@acom.edu.au) Post: ACOM 184 Surrey Rd Blackburn VIC 3130 Phone Sarah: 0407 094 058 Website: [www.acom.edu.au](http://www.acom.edu.au)

### PERSONAL DETAILS

Title and Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_

### CONTACT DETAILS

Residential Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile (required): \_\_\_\_\_  
Email (Required): \_\_\_\_\_

### NEXT OF KIN

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### MODE OF STUDY

- Non-accredited (No FEEHELP available)  
 Undergraduate Stream (Degree level)  
 Postgraduate Stream (Masters level: Must have completed any Undergraduate Degree)  
 I would like to apply for FEEHELP (accredited study only)

### EDUCATION BACKGROUND

Highest education qualification achieved: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Last Year of Study: \_\_\_\_\_

### DISABILITY

Do you have a disability?  No  Yes

Please attach a separate statement indicating the nature of your disability and how you feel that this will impact your studies. Please also outline any support you may need for your condition so you can successfully undertake the study selected.

**FAITH JOURNEY** We recognise the very personal nature of some of the questions below but know that you will understand their relevance to the assessment of your application to study with the Formation Experience.

**Please provide a brief statement of how your Christian faith has developed.**

### ACTIVE MINISTRY STATEMENT

**Please write a short statement outlining your ministry and/or community experience over the last 5 years.**

### LEADERSHIP EXPERIENCE

**Please outline any leadership experience you've had.**

### REFEREE

**Please provide the name, position and contact details of a referee who can discuss the above statements.**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

## PARTICIPANT DECLARATION

### Marketing and Publication

- I consent to the Formation Centre publishing my images on the ACOM website and in brochures for marketing and publishing purposes.
- I consent to receiving marketing or promotion communication by email and/or text.

**For your application to be valid, you must complete this section by checking all the boxes and signing where indicated. If you are under 18 years old your parent or guardian must co-sign the application.**

- I certify that the information on this form and the supporting documentation is correct and complete.
- I have read and understood the Formation Experience **Participant Handbook** and agree to abide by the policies and procedures it refers to.
- I have read and understood the Formation Experience **Fees Policy** as stated in the Formation Experience Participant Handbook and agree to pay course fees as required.
- I understand that if I withdraw from a unit after the published census date there is no refund.

## SIGNATURE OF PARTICIPANT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 YEARS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_