



## APPLICATION FOR ADMISSION

Please complete this application form,  
include a passport photograph  
and the required attachments and send to:

Te Kupenga – Catholic Theological College  
PO Box 3440  
AUCKLAND 1140

Phone: +64 9 3611053  
www.ctc.ac.nz

# TE KUPENGA  
CATHOLIC  
THEOLOGICAL  
COLLEGE

Good Shepherd College  
(Edumis Code 8717), trading  
as Te Kupenga – Catholic  
Theological College,  
an off-shore campus of the  
Catholic Institute of Sydney,  
a Member Institution of the  
Sydney College of Divinity

### PERSONAL DETAILS

Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Second Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Female  Male  
Marital Status:  Married  Single  Other Previous Family Name: \_\_\_\_\_

### CONTACT DETAILS

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Term Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal Address: (  As Above ) \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Permanent Home Address: (  As Above ) \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### BACKGROUND DETAILS

Are you of Aboriginal and/or Torres Strait Islander Origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Both

Country of Birth: \_\_\_\_\_ If born overseas, year arrived: \_\_\_\_\_

Citizenship (Please provide certified copy of Birth Certificate or Passport) \_\_\_\_\_

If you are not an Australian citizen, are you a Permanent Australian Resident?  No  Yes

(If yes, please provide evidence of residency)

Do you speak a language other than English at Home?  No  Yes

If Yes, which language? \_\_\_\_\_

## ADMISSION

## AWARD SELECTION

Please select:

Bachelor of Theology

Graduate Diploma in Theology (NZ)

NQF7

## ADMISSION

## COURSE ADMISSION

When do you wish to begin your studies? \_\_\_\_\_

(e.g. Semester 1 / YEAR)

Are you intending to study:  Full Time  Part Time

On what basis are you seeking admission?

Higher School Certificate or equivalent

Professional Qualification

Secondary Education, TAFE or equivalent

Mature age (21 years of age or older)

Higher Education course

Special entry

Would you like to apply for credit for previous study?  No  Yes

(If yes, please include copies of academic transcripts, testamurs and/or certification)

## ADMISSION

## ENGLISH PROFICIENCY

Is English your first language?  No  Yes

If an applicant has not completed secondary school or a bachelor's degree in Australia (or Canada (in English), New Zealand, the Republic of Ireland, the United Kingdom, or the United States of America) an IELTS Academic test will be required. More details on the test can be found here:

<http://www.cis.catholic.edu.au/student-info/international-students>

Have you completed an IELTS Test?  No  Yes

Test Date: \_\_\_\_\_ Test Score: \_\_\_\_\_

(Please include copy of the International English Language Testing System (IELTS) result)

## FINANCIAL INFORMATION

How do you plan to pay for your studies?

Cash/Cheque  Bank Transfer

STUDYLINK  Other \_\_\_\_\_

Are you a pensioner:  No  Yes (If yes, please supply evidence for administration purposes)

## MARKETING

How did you discover us?  Web  Student  Staff  Exhibition  Church  Advertising

Other: \_\_\_\_\_

Why have you chosen to study with us? \_\_\_\_\_

## CANONICAL STATUS

## STATISTICAL PURPOSES

<input type="checkbox"/> Lay	_____	<input type="checkbox"/> Religious (brother or nun)	_____
<input type="checkbox"/> Diocesan Seminarian	_____	<input type="checkbox"/> Diaconate Programme	_____
<input type="checkbox"/> Non-Diocesan Seminarian	_____	<input type="checkbox"/> Clergy	_____

## CURRENT EDUCATION

Are you currently studying elsewhere?  No  Yes If Yes, please indicate:  Part Time  Full Time

Name of institution: \_\_\_\_\_ Course: \_\_\_\_\_

## SECONDARY EDUCATION

School Attended in your last year of Secondary School: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Year 13 completed?  No  Yes Level you left school: 11 12 13 Year you left school: \_\_\_\_\_

If your last year of secondary schooling was completed overseas:

Country of Studies: \_\_\_\_\_ Language of Studies: \_\_\_\_\_

Where you lived during the last year of Secondary School: Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please include copies of academic transcripts, testamurs and certification

## TERTIARY OR OTHER RELEVANT EDUCATION

Name of Institution	Name of Course / Qualification	Completed	Year Granted or Withdrawn
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please include copies of academic transcripts, testamurs and certification

## PREVIOUS ADMISSION TO SCD

Have you previously been admitted into a Member Institution of the SCD?  No  Yes

Name of Institution	Name of Course / Qualification	Completed	Year Granted or Withdrawn
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

## PARENTS/GUARDIAN EDUCATION LEVEL

The Department of Education and Training (DET) requires this information to be collected for statistical purposes. It will not be used by the Sydney College of Divinity or its Member Institutions in the assessment of your application for admission.

### Parent and/or Guardian 1:

Female  Male  No parent/guardian

What is the highest level of education completed by your Parent and/or Guardian 1?

- Postgraduate qualification  
 Bachelor degree  
 Other post-school qualification  
 Completed Year 12 schooling or equivalent  
 Completed Year 10 schooling, continued, but not Year 12  
 Completed Year 10 schooling or equivalent  
 Didn't complete Year 10 schooling  
 Don't know

### Parent and/or Guardian 2:

Female  Male  No parent/guardian

What is the highest level of education completed by your Parent and/or Guardian 2?

- Postgraduate qualification  
 Bachelor degree  
 Other post-school qualification  
 Completed Year 12 schooling or equivalent  
 Completed Year 10 schooling, continued, but not Year 12  
 Completed Year 10 schooling or equivalent  
 Didn't complete Year 10 schooling  
 Don't know

## DISABILITY

Do you have a disability, impairment or long term medical condition, which may affect your studies?  No  Yes  
(If yes, please indicate below)

Hearing  Learning  Mobility  Vision  Medical  Other: \_\_\_\_\_

Would you like to receive advice on support services, equipment and facilities, which may assist you?  No  Yes

Please provide documented evidence of your condition, so we could assess how we may be able to best assist you.

# APPLICATION CHECKLIST

# \*COMPULSORY DOCUMENT

<input type="checkbox"/> Certified Primary Identification* (Birth Certificate or Passport)	<input type="checkbox"/> Passport size photograph* (required)
<input type="checkbox"/> Certified Secondary Identification* (Driver's Licence/ID card or second Primary ID)	<input type="checkbox"/> IELTS Academic Test Results (if required)
<input type="checkbox"/> Certified Academic Transcripts (Required for Basis of Entry)	<input type="checkbox"/> Certified Evidence of Residency (if required)
<input type="checkbox"/> Certified Academic Transcripts (Required for Credit Transfer)	<input type="checkbox"/> Certified Evidence of being a Pensioner (if required)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please send certified copies of original documents. The Member Institution will not be responsible for the loss or return of original documents. All documents must be certified by a person "Authorised to Certify" or Member Institution Staff.

# POLICIES

# WITHDRAWAL AND REFUND

Students may withdraw from course units without academic penalty only if notice of withdrawal is submitted in writing to the Registrar before 4.00 pm of the Census Date applicable to the course unit in question.

If withdrawal occurs up to 4.00 pm on the Census Date the tuition fee will be refunded but a withdrawal penalty will be charged to the student and is payable immediately. Beyond this time, tuition fees will not be refunded. See the Sydney College of Divinity Refund Policy for further details.

If the Sydney College of Divinity Member Institution defaults in delivery of course units or awards the arrangements set out in the Sydney College of Divinity Refund Policy apply.

# POLICIES

# PRIVACY LEGISLATION

Sydney College of Divinity (SCD) and its Member Institutions require the information requested of you in this form in order to provide you with education services and to cater for particular student's needs. If you do not provide all the relevant information, we may not be able to provide such services and to assess your academic progress.

Please also note that the SCD and its Member Institutions may provide your personal information and sensitive information to third parties (e.g. educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as Department of Education and Training, Centrelink and the Department of Home Affairs, Tuition Assurance Scheme, ESOS Assurance Fund Manager, Graduate Careers Australia, Insync Surveys PL, QILT) in order to provide you with high quality education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Privacy Officer.

# POLICIES

# PUBLISH IMAGES

From time to time Sydney College of Divinity (SCD) and its Member Institutions will take photos of students for a variety of purposes, publications and on the internet. Your permission is required before we can use your image in these public domains.

# DECLARATION

- I understand and accept the Withdrawal and Refund arrangements of the SCD's Member Institution.
- I understand and accept the privacy legislation.
- I give permission for SCD and its Member Institutions to publish my image.
- I wish to be considered for entry into the program that I have nominated.
- I declare that the information that I have provided herein is true and accurate to the best of my knowledge.

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OFFICE USE ONLY

# MEMBER INSTITUTE

Date Received		Date Approved	
Award		Basis #	
Credit Transfer		Payment Method	

Basis #	Code	Basis Name	Entry Into	Code	Basis Name	Entry Into
	291	Special Entry	UG awards	331	HSC - University Entry Result	UG awards
	292	Provisional IELTS	UG awards - PG Arts/Theological Studies/Divinity awards	332	HSC - Year 12 Completion	UG awards
	293	Partnership Award/Cross	UG/PG Institutional Electives	341	VET Qualification (Complete)	UG awards
	311	Bachelor Award or equivalent	UG awards - PG Arts/Theological Studies/Divinity awards	361	Mature Entry -	UG awards
	312	Bachelor of Theology or equivalent	PG Theology/Leadership/GCTE awards	371	Professional Entry 5 Years Experience	Grad Cert Arts
	313	Post Graduate Awards	PG Arts/Theological Studies/Divinity awards	372	Professional Entry 8 Years Experience	Grad Cert Arts