

**C3 CHURCH KAWANA WATERS  
MINISTRY TRAINING COLLEGE  
ENROLMENT FORM**



**This information will be treated as confidential.**

**Please hand in at the Church Office (during the week), the Information Desk (Sundays), or forward to:**

C3 Church Kawana Waters  
Ministry Training College  
PO Box 913,  
Buddina QLD 4575

**General Information**

**Surname/Family Name:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sex:** Male [  ] Female [  ]

**Date of Birth** DD/MM/YYYY] \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Nationality:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Intake/Study Status**

Certificate IV in Ministry and Theology [  ] Part Time [  ] Selected Subject

If you answered selected subject, please list the subject you wish to study;

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**Personal Information**

Are You: (Please tick if yes)

[  ] Water Baptised? Date: \_\_\_\_\_

[  ] Baptised in the Holy Spirit

[  ] A member of C3 Church Kawana Waters

or

[  ] A member of another church? Which \_\_\_\_\_

Date Saved [MM/YY]: \_\_\_\_ / \_\_\_\_

Did you have, or do you still have any problems with the following: (Please tick if yes)

[  ] Alcohol [  ] Smoking

[  ] Drugs (except medically prescribed)

What is your Marital Status?

Single       Divorced       Widowed

Separated       Married

In case of emergency please nominate a contact:

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

Contact details – phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **Health Information**

Do you have any illness, diagnosed learning difficulties or responsibility that may require you to miss classes on a regular basis?       Yes       No

If yes please describe (eg. Asthma, epilepsy, chronic migraine, back problems, diabetes, sole care of invalid)

\_\_\_\_\_  
\_\_\_\_\_

Do you take regular medication for any condition?

Yes       No

If yes please describe (eg. Asthma, epilepsy, chronic migraine, back problems, diabetes)

\_\_\_\_\_

(This information will remain confidential and generally has no direct bearing on acceptance for enrolment. It will assist us to accommodate special needs of students).

### **Academic Qualifications**

Please list all academic, trade, theological or other qualifications including school level.

(Give details of Awards/year attained/name of Institute)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

### **Learning and Literacy**

Do you have any learning or literacy problems that will require assistance?

Yes       No

### **Employment details:**

Are you currently unemployed?       Yes       No

What is your likely employment situation while attending college?

Full time work

Part-time Work

Not Working

Do you have sufficient funds for the completion of the course?

Yes       No

### **References**

If you are a member or associate of C3 Church Kawana Waters, please supply the name and contact details of **one** referee – someone who has known you well for at least the past two years and is not a relative; or your Connect Group leader.

Referee's Name & Contact Details: \_\_\_\_\_

If you are not a member or associate of C3 Church Kawana Waters, please provide a written reference from your Pastor supporting your enrolment in College.

**Reference # Pastor:**

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

Contact Phone: \_\_\_\_\_

**Your Reasons for Studying**

Please write a brief summary of your reasons for wanting to enrol in a course at C3 Church Kawana Waters Ministry Training College.

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**UNDER 18 PARENT / GUARDIAN AUTHORIZATION**

**Under Australian Law/ we are** obliged to gain authorization from either a parent or guardian for all those intending to enrol at Ignition Leadership Training College, who are under the age of 18 years.

I, \_\_\_\_\_, consent to \_\_\_\_\_  
enrolling at C3 Church Kawana Waters Ministry Training College

Signed \_\_\_\_\_ **Parent / Guardian**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_.