AVONDALE COLLEGE

POSTGRADUATE STUDIES

APPLICATION FOR ENROLMENT
Avondale caters for people of varied backgrounds who desire an education in a Christian context. No test of religion, politics, race or gender is administered to determine admission as a student, graduation, or the enjoyment of any benefit, advantage or privilege of the institution.

GENERAL All applicants for postgraduate degrees at Avondale should complete this application form and forward it directly to Avondale. (Do not send to any of the state admissions authorities which process applications to public sector institutions).

LODGING THE APPLICATION Complete all sections and return to Avondale along with documentary evidence of all qualifications. The mailing address is at the end of this page.

DOCUMENTATION Applications cannot be fully processed until all supporting documentation is supplied. Copies of certificates and educational awards need to be verified, and if in another language, must be accompanied by an official English translation. To verify your documents ask an appropriate individual (Justice of the Peace (Notary Public), Accountant, Bank Manager, Clergy, Barrister, Police Officer, School Principal) to state on the copy “This is a true copy of the document sighted by me”; and include their name and address, contact phone number, profession or occupation, date verified. The person who verifies your documents must be contactable during the day.

PROFESSIONAL DOCUMENTS Documents relating to professional accreditation and/or experience should be included where necessary, for example Registered Nurses should provide evidence of Professional Nursing Experience, indicating the employing agency, the type of experience and hours/weeks of experience. For post-graduate Nursing courses evidence of current registration as a Registered Nurse should be included with this application form. Avondale College reserves the right to sight/verify original documents before entry to courses.

ADVANCED STANDING Applicants seeking enrolment with postgraduate Advanced Standing, or with credit for study completed in another course or institution, will need to supply certified copies of the full academic transcript, and photocopies from the relevant Handbook or Calendar showing the subject descriptions of the courses completed, for the year(s) in which they were completed.

HIGHER DEGREE (RESEARCH) APPLICANTS Applicants for research higher degrees should liaise with the relevant Course Coordinator and attach a brief (approximately 2 pages) research proposal briefly describing the field you intend to research and a proposed thesis title.

INTERNATIONAL APPLICANTS If you hold international secondary or tertiary qualifications from countries where English is not the standard medium of instruction you must provide evidence of proficiency in the English Language. (For English competency requirements see the Postgraduate Handbook available from www.avondale.edu.au). Applications must also be accompanied by documentation of ability to pay tuition fees. (See the International Prospectus and the separate Financial Information sheet for additional information for international students). International Students should also include a verified photocopy of their passport.

COURSE CODES Course codes are provided in Section 4 of the application form.

VALUES AND EXPECTATIONS Please read the Values and Expectations brochure before signing Section 7. (available on www.avondale.edu.au/students/values/)

PRIVACY STATEMENT Avondale College safeguards the personal information you give to us in accordance with Australian privacy law. You have the right to access personal information you give to us, and to correct it if necessary. We may be required by law to disclose some personal information to government agencies and to the Fund Manager of the ESOS Assurance Fund. It may be necessary for the College to provide personal information to others with whom it conducts business.

Avondale College collects information necessary to enable it to provide services to its students and to people enquiring about study at Avondale; process applications for enrolment; maintain appropriate academic and financial records; assist prospective graduates find employment; maintain contact with past students; provide statistical and other information required by government. The full privacy policy is available on www.avondale.edu.au/information/policies/privacy.php.

TUITION ASSURANCE Under the provisions of the Higher Education Support Act 2003 and associated HEP Guidelines Avondale College provides the required tuition assurance arrangements for Australian citizens and holders of Australian permanent humanitarian visas enrolled in higher education courses it offers. Copies of the Statement of Tuition Assurance are available on the Student Policies section of the Avondale website.

FEES Fees are payable as per the invoiced amounts prior to the commencement of each semester in accordance with the financial polices of Avondale College. The full financial policy is available on www.avondale.edu.au/students/financial. Under the policy, refund of tuition fees is calculated in relation to the time of withdrawal from a subject. Other charges are generally refunded on a pro-rata basis.

Avondale College Limited ABN 53 108 186 401, CRICOS Provider Number 02731D, www.avondale.edu.au
Have you previously attended Avondale?  [ ] No  [ ] Yes  Year of Last Enrolment  

### SECTION 1 PERSONAL DETAILS

**1.1 FAMILY NAME**

[ ] Dr  
[ ] Miss  
[ ] Mr  
[ ] Mrs  
[ ] Ms  
[ ] Pr  

Family Name __________________________  Preferred First Name __________________________

Given Name __________________________  Other Given Names __________________________

Previous Family Name __________________________  Previous Given Name __________________________

*(If you have additional prior names, please provide these on a separate page and attach it to this application)*

**1.2 PERMANENT HOME ADDRESS**

No. & Street __________________________

Town/Suburb __________________________  State ______  Postcode ______  Country ______

Telephone (                      ) __________________________ (Home)  Telephone (                      ) __________________________ (Work)

**1.3 CURRENT CONTACT ADDRESS**

No. & Street __________________________

Town/Suburb __________________________  State ______  Postcode ______  Country ______

**1.4 CURRENT CONTACT TELEPHONE & E-MAIL**

Telephone (                      ) __________________________ (Home)  Telephone (                      ) __________________________ (Work)

Mobile __________________________  Facsimile (                      ) __________________________

E-mail __________________________

**1.5 DATE OF BIRTH**

Day _____  Month _____  Year _____

**1.6 GENDER**

[ ] Female  [ ] Male

**1.7 MARITAL STATUS**

[ ] Single  [ ] Other

**1.8 RELIGIOUS AFFILIATION**

[ ] SDA  [ ] OTHER __________________________

**1.9 CITIZENSHIP**

[ ] Australian

[ ] New Zealand (Australian Resident)  [ ] New Zealand (Australian Non-Resident)

[ ] Permanent Humanitarian Visa  

Date Visa granted _____ / _____ / _____  Country __________________________

*Holders of a Permanent Humanitarian Visa need to attach a copy of their visa documentation with their application.*

[ ] Other  

Country __________________________  Passport Number __________________________

[ ] Permanent Resident  Year of Arrival _____  [ ] Temporary Resident  Year of Arrival _____
1.10 **NEXT OF KIN / EMERGENCY CONTACT DETAILS**

- Dr  
- Miss  
- Mr  
- Mrs  
- Ms  
- Pr

Family Name ___________________________  Preferred First Name ___________________________

Relationship to you  
- Parent  
- Spouse/Partner  
- Guardian  
- Other ___________________________

**NEXT OF KIN / EMERGENCY CONTACT ADDRESS**
Complete one of the three tick box options below

- Same as Permanent Home Address  
- Same as Present Contact Address  
- Other (Supply details below)

No. & Street ___________________________

Town/Suburb ___________________________  State ______  Postcode ______  Country ______

Telephone ( ) ________________________ (Home)  Telephone ( ) ________________________ (Work)

Mobile ___________________________  Facsimile ( ) ___________________________

E-mail ___________________________

**SECTION 2 EDUCATIONAL AWARDS AND CERTIFICATES**  TO BE COMPLETED BY ALL APPLICANTS

All applicants need to forward certified copies of transcripts, qualifications (where applicable) showing the results received if and when available. Photocopies of all academic documents need to be certified as true copies by a person as listed on the ‘Information for Applicants’ page.

2.1 **POST-SECONDARY EDUCATION**

(University, TAFE, Polytechnics, Hospital Certificate, etc.)

Award ___________________________

Year completed ______  Institution name ___________________________

Award ___________________________

Year completed ______  Institution name ___________________________

Award ___________________________

Year completed ______  Institution name ___________________________

If you have additional higher education institutions at which you have studied, please provide the details on a separate page, and attach it to this application.

If No go to Section 2.3.

2.2 **ADVANCED STANDING**

Are you seeking enrolment with Advanced Standing?  
- No  
- Yes

2.3 **DISTANCE EDUCATION**

Will you be studying through the Distance Education Unit?  
- No  
- Yes

2.5 **ALTERNATE ENTRY**

- Yes  
- No

**SECTION 3 COURSE OF STUDY**  TO BE COMPLETED BY ALL APPLICANTS

The course codes and specialities/strands are listed below.

3.1 **COURSE**

Code of Course for which you are applying ______  Specialty/Strand ___________________________

For nested degrees students should enrol in the highest degree from which they expect to graduate.

**COURSE CODES**

- 2043 Graduate Certificate in Leadership and Management (nested in 2045)
- 2044 Graduate Diploma in Leadership and Management (nested in 2045)
- 2045 Master of Leadership and Management  
- 2046 Master of Leadership and Management (Honours)
- 2090 Graduate Certificate in Nursing (nested in 2093)
- 2091 Graduate Diploma in Nursing (nested in 2093)
- 2093 Master of Nursing (Coursework)
- 4070 Professional Development Subject
- 4071 Master of Arts (Theology)
- 2010 Master of Ministry
- 2050 Master of Education
- 2051 Master of Education (Honours)

**STRAND or SPECIALITY**

- 2043, 2044, 2045, 2046
- 2050, 2051
- 2090, 2091, 2093

Business Administration
Health Services Administration
Educational Administration

Christian Education
Curriculum Studies
Educational Administration

Please note that applicants for the following degrees should complete the Undergraduate Application form: Bachelor of Teaching (Primary), Bachelor of Teaching (Secondary), Bachelor of Teaching (Primary) (Honours), Bachelor of Teaching (Secondary) (Honours), and Graduate Diploma of Theology.

3.2 **START DATE**

Course Start Date - Year ______  
- First Semester  
- Second Semester

Please note that the academic year follows the Australian academic year, ie the same as the calendar year January-December. First Semester is generally March-June, and Second Semester is August-November.

25/06/2007
## SECTION 4  PROFESSIONAL EXPERIENCE

To be completed by all applicants.

<table>
<thead>
<tr>
<th>Year</th>
<th>Place of employment</th>
<th>Type of Professional Experience</th>
<th>Approximate Hrs/Yrs of Experience</th>
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</tbody>
</table>

## SECTION 5  INTERNATIONAL STUDENTS

To be completed by international applicants.

### 5.1 LANGUAGE OF STUDY

Were your secondary and/or tertiary studies conducted in the English Language? ☐ No ☐ Yes

### 5.2 IELTS SCORE

Please provide your IELTS test score:

- LISTENING
- READING
- WRITING
- SPEAKING
- OVERALL BAND SCORE

## SECTION 6  GENERAL INFORMATION

To be completed by all applicants.

The following information is required for Government statistical purposes – it does not influence your admission.

### 6.1 ABORIGINAL & TORRES STRAIT ISLANDER DESCENT

Are you of Australian Aboriginal descent? ☐ Yes ☐ No

Are you of Torres Strait Islander descent? ☐ Yes ☐ No

For persons of both Australian Aboriginal and Torres Strait Islander origin, mark both Yes boxes.

### 6.2 COUNTRY OF BIRTH

- Australia
- Other (specify)

Year of arrival in Australia ______

### 6.3 LANGUAGE

Do you speak English as your primary language at home? ☐ Yes ☐ No

If No please specify the language spoken ______

### 6.4 PREVIOUS STUDY

Have you commenced or completed any of the following?

<table>
<thead>
<tr>
<th>Question</th>
<th>Never commenced.</th>
<th>Commenced but never completed</th>
<th>Completed</th>
<th>Last year of enrolment</th>
</tr>
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<tr>
<td>a. Postgraduate level course of any type</td>
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<td>b. Bachelor level course</td>
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<td>c. Sub-degree course at a higher education institution</td>
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<tr>
<td>d. A TAFE (polytechnic) award course</td>
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<td>e. Final year of secondary education at a school or a TAFE</td>
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<tr>
<td>f. Some other qualification or certificate of attainment or competence</td>
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</tr>
</tbody>
</table>

### 6.5 STUDENT DISABILITIES

25/06/2007 Page 5 of 6
Do you have a disability, impairment or long-term medical condition which may affect your studies? *(If Yes please indicate the area of impairment)*

☐ Yes  ☐ No

☐ Hearing  ☐ Learning  ☐ Mobility  ☐ Vision  ☐ Medical  ☐ Other

If you have indicated that you have a disability would you like to receive advice on support services, equipment and facilities which may assist you?

☐ Yes  ☐ No

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**SECTION 7 PERSONAL DECLARATION**

TO BE COMPLETED BY ALL APPLICANTS

I understand that:

- Avondale is collecting the information in this application for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support number (CHESSN) to me;
- Avondale will disclose this information to the Department of Education, Science and Training (DEST) for these purposes;
- DEST will store the information securely in the Higher Education Information Management System (HEIMS);
- DEST may disclose the information to the Australian Taxation Office; and
- Avondale and DEST will not otherwise disclose the information without my consent unless required or authorised by law.

I also understand that:

- If I do not answer all the questions on this form and supply the necessary supporting documentation, it may not be possible to assess this application;
- The provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcripts may result in the withdrawal of an offer of a place in a course;
- I acknowledge that Avondale reserves the right to seek from other bodies verification of the standing of my claimed qualifications;
- I consent to receiving information electronically and agree to access the correspondence of my Avondale email account and student portal on a regular basis;
- I voluntarily agree to uphold the ideals, standards, and principles set out in Avondale’s *Values and Expectations* brochure (available from [www.avondale.edu.au](http://www.avondale.edu.au)), and pledge my cooperation. I understand that Christian values and standards as held by the Seventh-day Adventist Church are reflected in the College’s regulations and rules. I agree to abstain from the use of alcohol, illicit drugs, and tobacco, in accordance with the College’s policy on a drug free environment. If my application is accepted I agree to be bound by the rules and policies of Avondale; and

My signature below indicates that all the information given in this application is factually correct and honestly presented.

Name ______________________ Signed _____________________ Date _____________________

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**SECTION 8 FINANCIAL**

TO BE COMPLETED BY ALL APPLICANTS

8.1 **FEE PAYER’S NAME**

Who is responsible for the payment of fees?

☐ Dr  ☐ Miss  ☐ Mr  ☐ Mrs  ☐ Ms  ☐ Pr

Family Name ____________________________ Given Name ____________________________

OR

Organisation Name ____________________________

8.2 **FEE PAYER’S ADDRESS**

No. & Street ____________________________

Town/Suburb ____________________________ State ______ Postcode ______ Country ______

Telephone (   ) ________________ (Home) Telephone (   ) ________________ (Work)

E-mail ____________________________

8.3 **FEE PAYER’S RELATIONSHIP TO YOU**

☐ Parent  ☐ Spouse  ☐ Guardian  ☐ Self  ☐ Employer  ☐ Other (specify) ____________________________

8.4 **FEE PAYER’S SIGNATURE**

I, the person/organisational officer responsible for the payment of fees, undertake to pay on or before the due dates the amounts specified. I understand a student may not commence academic registration until financial clearance has been completed. I understand that if the student defers or withdraws, I will be responsible for payment of any outstanding balance,

Signed ____________________________ Position (if organisation) ____________________________ Date ____________________________

If you believe you are eligible for a discount or subsidy as outlined in the Postgraduate Handbook (e.g. spouse, sibling discount) please contact the Student Finance Office (phone +61 2 49802115, email: student.finance@avondale.edu.au) for further details.