# Application for Admission – Auditing Participant

*Auditing participants are registered through the standard admission process and their details are stored in the database of the University of Divinity to facilitate access to the ARK online Learning Management System. Auditing participants must therefore agree to abide by the University’s* [*code of conduct*](https://divinity.edu.au/code-of-conduct/) *– see Terms and Conditions of Enrolment and Declaration. It is recommended that you submit your application at least two weeks before your intended semester (or unit) start date. Late applications may not be accepted. Please provide all relevant supporting documents. An incomplete application will delay processing.*

## Personal Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | | |
| Title | | |  | | | | | | | | Family name | | | | | |  |
| First given name | | |  | | | | | | | | Other given name/s (middle) | | | | | |  |
| Preferred name | | |  | | | | | | | | Previous family name | | | | | |  |
| Have you previously been a University of Divinity or Melbourne College of Divinity student or applicant? | | | | | | | | | | |  | Yes | | College | |  | |
|  | | | | | | | | | | |  | No | | | | | |
| Contact details | | | | | | | | | | | | | | | | | |
| Email *(\*required)* | | |  | | | | | | | | | | | | | | |
| Mobile phone | | |  | | | | | | | | | | Day phone | | |  | |
| **Residential address -** *Address where you reside or will be residing when undertaking your study. No PO Box.* | | | | | | | | | | | | | | | | | |
| Address line 1 | | |  | | | | | | | | | | | | | | |
| Address line 2 | | |  | | | | | | | | | | | | | | |
| Town/Suburb | | |  | | | | | | | | | | Postcode | | |  | |
| State | | |  | | | | | | | | | | Country | | |  | |
| Additional personal details | | | | | | | | | | | | | | | | | |
| Gender | |  | | Male | | |  | Female | | | | |  | Indeterminate/Intersex/Unspecified | | | |
| Date of birth | | (dd/mm/yyyy) | | | | | | Occupation (optional) | | | | |  | | | | |
| Denomination (optional) | | | | |  | | | | Diocese/Congregation (optional) | | | | | | |  | |
| Feedback | | | | | | | | | | | | | | | | | |
| How did you hear about us? | | | | |  | | | | | | | | | | | | |
| Emergency contact | | | | | | | | | | | | | | | | | |
| Full name |  | | | | | | | | | Relationship to you | | | | |  | | |
| Day phone |  | | | | | | | | | Mobile | | | | |  | | |
| *Office Use Only* | | UD ID | | | |  | | | | | | | College/School ID | | |  | |

## Previous Education

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Secondary school education | | | | | | | |
| The highest secondary schooling level attained (Level left school) |  | Year 10 | |  | Year 11 |  | Year 12 |
| Language in which secondary schooling was studied | | |  | | | | |

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| **Tertiary education** List in chronological order. *Provision of transcripts is optional when enrolling as an auditing participant.* | | | | | |
| Award Name | Name of institution | Country | Year completed (yyyy) | Language | Transcript provided? |
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## English Language Proficiency

Applicants must meet the University’s English language course prerequisites (see [Admissions Policy](https://divinity.edu.au/documents/admissions-policy/), including English Language Proficiency Requirements).

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| --- | --- | --- | --- | --- |
| Is English your first language? |  | Yes |  | No |
| Applicants whose first language is not English, please complete the following section | | | | |
| Have you already studied in English? |  | Yes |  | Evidence attached |
|  | No | | |
| Have you taken an English language proficiency test? (Eg. IELTS, TOEFL, Cambridge English, PTE and OET) |  | Yes |  | Evidence attached |
|  | No |  | I intend to take an English proficiency test in Australia (proof of enrolment attached) |

## Professional Experience

Please note: This section is only necessary if you are applying for study based on your prior professional experience. If that is

your intention, then please offer a brief explanation.

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## Australian Government Information

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| The Commonwealth Government requires this information from all students. | | | | | | | | | | | |
| Are you of Australian Aboriginal descent? | | | |  | | Yes | |  | | No | |
| Are you of Torres Strait Islander descent? | | | |  | | Yes | |  | | No | |
| In what country are you living this semester? | | | |  | | Australia | Postcode: | | |  | |
|  | | Other: |  | | | | |
| Country in which you were born |  | | | If not born in Australia, year of arrival | | | | | | |  |
| Language/s spoken at your permanent residence | | | |  | | | | | | | |
| What is your citizenship and residency status this semester?  *\*Eligible for FEE-HELP*  *\*\* Eligibility for FEE-HELP varies depending on circumstances*. *Information regarding eligibility can viewed on the Government Study Assist website:* [*FEE-HELP Eligibility*](https://www.studyassist.gov.au/help-loans/fee-help) | | | |  | \*Australian citizen in Australia | | | | | | |
|  | \*\*Australian citizen living and studying overseas *(includes online study or travel back to Australia to undertake intensive units or other study with UD).* ***Note:******If applying for FEE-HELP, I understand I am required to undertake part of my course in Australia.*** | | | | | | |
|  | \*\*New Zealand citizen in Australia | | | | | | |
|  | New Zealand citizen living and studying overseas *(includes online study or travel back to Australia to undertake intensive units or other study with UD)* | | | | | | |
|  | \*Permanent Humanitarian visa holder  *(permitted to remain in Australia indefinitely)* | | | | | | |
|  | Permanent Resident of Australia visa holder  *(permitted to remain in Australia indefinitely)* | | | | | | |
| *If other than these options, please check with your Home College/School to find out if you are considered a Domestic student* | | | | | | | | | | | |
| **Permanent Humanitarian or Permanent Resident of Australia Visa holders ONLY** *(provide passport and visa details)* | | | | | | | | | | | |
| Current Visa title or description | |  | | | | | | | | | |
| Current Visa subclass number | |  | | Visa Expiry Date | | | | | (*dd/mm/yyyy)* | | |
| Current Passport number | |  | | Passport Expiry date | | | | | (*dd/mm/yyyy)* | | |
| Current nationality | |  | | | | | | | | | |
| Education level of your parents or guardians | | | | | | | | | | | |
| Please provide the highest level of education completed by your parents or guardians. Please answer about the people (up to two) who, during all or most of your school years, were your parents or guardians. If you have more than two, answer about those you have spent the most time with. | | | | | | | | | | | |
| **Parent/guardian 1** choose from the list🢥 | | |  | | | | | | | | |
| **Parent/guardian 2** choose from the list🢥 | | |  | | | | | | | | |

## Medical/Disability Needs

If you have a disability or medical condition which means that you may require additional help during your study, it is important to provide the following information. This information will be kept confidential and will not affect your admission to the University.

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| Do you have a disability, impairment and/or long-term health condition that may affect your studies? | | | |  | | Yes | |  | | No | | | |
| If you answered ‘Yes’ to the above question, please indicate the area/s. | | | | | | | | | | | | | |
|  | Hearing |  | Mobility/Physical | |  | | Intellectual | |  | | Learning | | |
|  | Mental Health |  | Brain injury | |  | | Vision | |  | | Medical | | |
|  | Neurological |  | Other: | | | |  | | | | | | |
| Would you like to receive information on medical/disability support services, equipment or facilities available that may assist you? If yes, please complete [Student Support Plan](https://alc.edu.au/assets/form/Student-access-and-learning-support-application.docx) and submit together with this Admission Form to your Course Advisor. | | | | | | | |  | | Yes | |  | No |

## Proposed Program of Audit

Please complete this section in collaboration with your Course Advisor.

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| Study mode legend | | | | | |
| ALC units available to audit are offered by the following study modes.  Refer to class times in the 2024 timetable at <https://alc.edu.au/study/higher-education/calendars-and-timetables-2024/> | | | | | |
| Online – Synchronous (Attending live stream) | | Online – Asynchronous (Independent, self-paced) | | | |
| Unit selection | | | | |
| **Unit code** | **Unit name** | | **Delivery Mode** | **Delivery Id** |
| **Pre-semester 1 - Summer** | | | | |
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| **Semester 1 units (S1)** | | | | |
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| **Mid-year - Winter** | | | | |
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| **Semester 2 units (S2)** | | | | |
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| **Full-year units or units that cross-study periods** | | | | |
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## Tuition Fees

$570 non-concession; $300 senior concession. (These fees do not include GST.)

### Auditing Participants (summary):

Please note:

* If Students are curious to learn about some of UD unit offerings, they are welcome to access our learning environment as an Auditing Participants (on a **not-for-credit basis**).
* An Auditing Participants is one who has paid a nominal fee to attend and observe a particular unit. In other words, they are observers, learning from, but not actively participating in the classroom experience.
* *Auditing Participants are not classified as members of UD, thus don’t receive a UD ID card. However, they are obligated to act in line with UD Code of Conduct (*[*Regulation 82*](https://divinity.edu.au/about/governance/the-act-and-regulations/)*) and Privacy Act.*
* The price for a standard unit offered by a School of the University of Divinity is $500 (per unit). Audit units offered by Colleges may vary in price.
* All tuition fees are to be paid prior to the commencement of the auditing units.
* Please note that tuition fees will vary from year to year.
* Audit fees charged by the University of Divinity do not include GST.
* FEE-HELP (the Australian Government loan scheme) is **not** available for audit fees.
* Audit participation is **not** available to overseas students in Australia studying on [Overseas Student Visas](https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/length-of-stay) (500 subclass).

### Method of payment

How will you pay your tuition fees?

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| **Upfront payments only** – payable to Australian Lutheran College | | | | | | | | | | | | | | | | | | |
|  | **Credit card** authorisation | | | | | | | | | | | | | | | | | |
| Please charge the following credit card | | | | | | | |  | Mastercard | | | | |  | | Visa | |
| Card number | |  | | | | – |  | | | | – |  | | | | – |  |
| Card expiry date | | /    *(mm/yy)* | | | | | | CVC no. | | (last three digits on reverse of credit card) | | | | | | | |
| Amount | | $ | | | | | | Date to deduct from card | | | | | | | /    / | | |
| Name on card | |  | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | |
|  | **SEMESTER 2** – I authorise payment with the nominated credit card for Semester 2. | | | | | | | | | | | | | | | | |
| Payment will be deducted in the week prior to the future semester/unit commencement date. | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | |
|  | **Direct deposit***—please include your Student ID or Full Name for reference* | | | | | | | | | | | | | | | | | |
| Bank details | | | Lutheran Laypeople’s League (LLL) | | | | | | | | | | | | | | |
| Account name | | | Australian Lutheran College – Direct Deposit | | | | | | | | | | | | | | |
| BSB | | | 704-942 | | | | | | | | | | | | | | |
| Account No. | | | 100654290 | | | | | | | | | | | | | | |
| Amount | | |  | | | | | | | Your reference | | |  | | | | |
|  | **Cheque/money order** enclosed | | | | | Amount | | | $ | | | | | | | | | |
| Payable to: Australian Lutheran College | | | | | | | | | |
|  | A **third party/sponsor** is paying for my tuition fees. | | | | | | | | | | | | | | | | | |
|  | I include with this application a sponsor statement, letter or other official confirmation from the third party accepting responsibility for payment of my fees. | | | | | | | | | | | | | | | | |
| Name of third party/sponsor | | | | |  | | | | | | | | | | | |
| Address of third party/sponsor | | | | |  | | | | | | | | | | | |
| Contact name | | |  | | | | | | Contact email | | |  | | | | |

## Student’s checklist

Important checklist to avoid delays in processing your application. Tick the boxes when you have completed the necessary steps.

|  |  |
| --- | --- |
|  | Provide **certified** copies of your birth certificate, current passport or other official documents verifying your citizenship status **in your current name**. |
|  | Complete **payment details** on form |
|  | Read and sign the declaration |
|  | Make a copy of your application for your records |

## Terms and Conditions of Enrolment and Declarations

### Privacy statement

The information on this form is collected for the primary purpose of assessing your application or re-enrolment. Other purposes of collection include the creation of a record on the student database, attending to administrative matters, corresponding with you, and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the University of Divinity to assess your application or re-enrolment. All sensitive and personal information will be handled in accordance with the University’s Privacy Policy. Personal information may be disclosed to authorised bodies and the permitted purposes for which such personal information may be used, as authorised by the Higher Education Support Act 2003. For details of the privacy and collection statement that applies to this form, please go to <https://divinity.edu.au/privacy>.

You have a right to access personal information that the University of Divinity holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about handling of your personal information, please contact the University of Divinity at [enquiries@divinity.edu.au](mailto:enquiries@divinity.edu.au).

### Declaration and signature

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I declare that the information provided by me is true and correct in every particular. I understand that if I have misrepresented my details in any way, then the University of Divinity may terminate any candidacy offered to me that arises as a result of this application. | | | |
|  | I accept responsibility for notifying my Home College/School and the University of Divinity office of any change of address or email. | | | |
|  | I accept responsibility for ensuring that the audit fees for all the University of Divinity units in which I enrol are paid on time. | | | |
|  | I agree to abide by the University of Divinity’s [*Code of Conduct*](https://divinity.edu.au/code-of-conduct/) | | | |
|  | I understand that, by enrolling as an auditing participant, **I cannot claim academic credit** for completion of the unit(s), either in the current study period or retrospectively. | | | |
|  | I consent to receive information electronically from the University, acknowledging that email is the default method of written communication and that a valid email address is required in order to access the ARK (online Learning Management System). | | | |
|  | I consent to my data being used by the University in accordance with the Information Privacy Principles (IPPs) in the Privacy and Data Protection Act 2014 (Vic) and Privacy Act 1988. | | | |
|  | I understand that I will be required to have regular access to a computer that supports video and other standard computing software during my studies, and that multi-modal learning implies travel at my own expense. | | | |
|  | a. I understand that I must obtain a Working with Children Check (or equivalent in states other than Victoria) to audit any of the following units ([Safeguarding Policy](https://divinity.edu.au/documents/safeguarding-policy/) 6.4):  \* [Supervised Theological Field Education](https://divinity.edu.au/supervised-theological-field-education-stfe/) (STFE)  \* [Clinical Pastoral Education](https://divinity.edu.au/study/clinical-pastoral-education/) (CPE)  \* Other fieldwork-based units as advised by your College or School *Fair Treatment and Safeguarding Contact Officer*  b. I understand that I must successfully complete the University Safeguarding and Code of Conduct training module on the Learning Management System, ARK, to audit Supervised Theological Field Education units ([Unit Policy](https://divinity.edu.au/documents/unit-policy/) Schedule G 19).  c. I understand that I may access a set of specific information on Safeguarding via the University Safeguarding and Code of Conduct training module on the Learning Management System, ARK, on advice from my College or School *Fair Treatment and Safeguarding Contact Officer* ([Safeguarding Policy](https://divinity.edu.au/documents/safeguarding-policy/) 6.6). | | | |
| Applicant’s signature | |  | Date | **/**  **/** |
| Type name for electronic submission |

**Submission**

**Please submit this application to** [**enrolments@alc.edu.au**](mailto:enrolments@alc.edu.au) **for processing**

* mail hard copy certified documentation to

Australian Lutheran College  
Attention: Enrolments  
104 Jeffcott St  
NORTH ADELAIDE 5006  
South Australia

## Course Advisor Checking and Approval *(Office use only)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Approval*** (Course Advisor to complete)  I have checked this student’s application for admission, and confirm that  interview was conducted with the applicant  certified evidence of citizenship status in the current name is enclosed (passport, birth certificate, etc…)  all units are running in the time periods indicated  applicant name, ID and payment method are indicated in the Tuition Fees section. A cheque/money order is attached (if this is the payment method)  all STFE and CPE audit applications must be forwarded to units@divinity.edu.au  ***Approval***  This applicant:  meets all criteria for admission and is permitted to audit the units selected in the Study Program above  does not meet the criteria for admission because:   |  | | --- | |  | | | | | | |
| Course Advisor |  | Signature |  | Date | **/**  **/** |
| ***OVC Office Administration***  Form checked, data is complete and matches evidence  Data entered in Paradigm  Student contacted | | | | | |
| Name |  | Signature |  | Date | **/**  **/** |