



**Vision  
International**  
Distance Education Bible College

## **VIC Enrolment Form**

# **2019**



## **Christian Ministry and Theology**

Australian  
Qualifications  
Framework 

Certificate III and IV  
Diploma and Advanced Diploma  
Graduate Certificate and Graduate Diploma

  
NATIONALLY RECOGNISED  
TRAINING



*Vision International College*

*PO Box 84, Macquarie Fields. NSW, 2564*

*Ph (61) 02 96032077, Fx (61) 02 96033277,*

*Web [www.visioncolleges.edu.au](http://www.visioncolleges.edu.au) Em [contact@visioncolleges.net](mailto:contact@visioncolleges.net)*

*ABN 29835302417 Provider No. 90862*

## **Enrolment Form**

### **Note on the Unique Student Identifier (USI)**

1. All Australian students living in Australia or overseas who study with Vision International College are required to have a USI
2. Foreign students living in Australia who study with Vision International College are required to have a USI
3. All non-Australian students living overseas who study by distance Education with Vision International Colleges do not need a USI.
4. If you already have a USI you must write the name that you used when you applied for your (USI), including any middle names.
5. If you do not yet have a USI and want Vision International College to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.
6. See section on the USI at the end of this form for a detailed explanation

**Save this form to your computer, complete the details and return the saved version to [contact@visioncolleges.net](mailto:contact@visioncolleges.net)**

## Personal details

### 1. Enter your full name \*

First Name:

Middle Name:

Last Name:

Preferred Name:

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Vision International College to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

### 2. Enter your birth date DD/MM/YYYY

### 3. Gender (Tick *ONE* box only)

Male

Female

Other

### 4. Enter your contact details

Home Ph:

Work Ph:

Mobile :

Email address

Facebook:

## Your Nationality

Australian Citizen:

Permanent Resident:

Other

## Your Address

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

**5. What is the address of your usual residence?**

Building or Property name:

Flat/Unit Number                  Street/Lot Number

Street Name

Suburb/Town

State/Territory                  Post Code                  Country

**6. What is your postal address (if different from above)?**

Building or Property name:

Flat/Unit Number                  Street/Lot Number

Street Name

Suburb/Town

State/Territory                  Post Code                  Country

**Language and cultural diversity**

**7. In which country were you born?**

Australia                  Other (specify)

**8. Do you speak a language other than English at home?**

(If more than one language, indicate the one that is spoken most often)

English only:                  Other (specify)

**9. Are you of Aboriginal or Torres Strait Islander origin?**

No:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

**Disability**

**10. Do you consider yourself to have a disability, impairment or long-term condition?**

Yes                  No                  Go to question 12

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities at the end of this document.

**11. Indicate The Areas Of Disability Below?**

Hearing/deaf

Acquired brain impairment

Physical

Vision

Intellectual

Medical condition

Learning

Mental illness

Other Indicate

**Schooling**

**What is your highest COMPLETED school level? (Tick ONE box only)**

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent

Year 8 or below

Never attended school/ Never completed any primary or secondary level education – go to question 14

**12. Are you still enrolled in secondary or senior secondary education?**

Yes

No

## Previous Qualifications Achieved

**13. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**

Yes

No – Go to Q 16

**14. If YES, tick ANY applicable boxes.**

Bachelor degree or higher degree

Advanced diploma or associate degree

Diploma (or associate diploma)

Certificate IV (or advanced certificate/technician)

Certificate III (or trade certificate)

Certificate II

Certificate I

Other education (inc. certificates or overseas qualifications not listed above)

## Employment

**15. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee

Part-time employee

Self employed – not employing others

Self employed – employing others

Employed – unpaid worker in a family business

Unemployed – seeking full-time work

Unemployed – seeking part-time work

Not employed – not seeking employment

## Company Details

Company Name

Street Address

City

State

Post Code

Country

Employer Name or contact person

Employer contact number

I give Vision Colleges permission to contact my employer      Yes      No

## Church Details

Pastors Details

Pastors Prefix (Dr. Rev. Pastor)

Pastor's First Name

Pastor's Middle Name

Pastor's Last Name

Pastors Phone Number

Pastors Cell

Pastors Email

Church Name

Church Street Address

City

State

Post Code

Country

I give Vision Colleges permission to contact my Pastor      Yes      No

## Study Reason

**16. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)**

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

## Unique Student Identifier (USI)

From 1 January 2015, we Vision International College can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).

If you have not yet obtained a USI you can apply for it directly on a computer or mobile device.

Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance

**Enter your Unique Student Identifier (USI) (if you already have one)**



**Application for Unique Student Identifier (USI) through your RT) If you do not already have one)**

If you would like us Vision International college to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at

<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] authorise Vision International College to apply, pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at

<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf> and NCVER policies, procedures and protocols published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)

Town/City of Birth

---

*(please write the name of the city or town where you were born)*

We will also need to verify your identity to create your USI.

**Please provide details for one of the forms of identity below (numbered 1 to 7). Ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.**

**1. Australian Driver's Licence**

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**2. Medicare Card**

Medicare card number \_\_\_\_\_

Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green      Expiry date (MM/YYYY)

Yellow      Blue Expiry date (DD/MM/YYYY)

### 3. Australian Passport

Passport number \_\_\_\_\_

### 4. Non-Australian Passport (with Australian Visa)

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

### 5. Immicard

Immicard Number \_\_\_\_\_

### 6. Citizenship Certificate

Number \_\_\_\_\_ Acquisition date DD/MM/YYYY

### 7. Certificate of Registration by Descent

Acquisition date DD/MM/YYYY

In accordance with section 11 of the *Student Identifiers Act 2014*, [insert RTO name] will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

## Important Notes

### ID Photo

You need 2 passport photos, both certified on the back with the statement “I certify that this is a true likeness of (your name)” and endorsed by a referee. Place the two photos side by side, one photo face up and the other certified side up, scan and paste in the space at the bottom of page 13.

### Referee must:

- be an Australian citizen who is 18 years of age or over
- have known the applicant for at least 12 months (or, for children under one year, since birth)
- not be related to the applicant by birth, marriage, de facto or same sex relationship
- not live at the applicant's address
- possess a current (unexpired) Australian passport that was issued with at least two years validity OR have been on the Australian electoral roll at their current address for the past 12 months;

## Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that Vision International College is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.

As the student I have read and understand the privacy statement

\* [STUDENT SIGNATURE]

[DATE]

As the Parent/guardian I have read and understand the privacy statement

[PARENT/GUARDIAN SIGNATURE\*]

[DATE]

*Parental/guardian consent is required for all students under the age of 18.*

*NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).*

## **Enrolment**

Unless otherwise indicated the I am enrolling into the Christian Ministry and Theology Program

### **Award Level**

### **Emphasis**

Certificate III

Certificate IV

Diploma

Advanced Diploma

Graduate Certificate

Graduate Diploma

**Enrolment Fee**                      \$75.00

### **Subject Fees:**

Certificate III                      \$185.00

Certificate IV                      \$275.00

Diploma                              \$275.00

Advanced Diploma              \$275.00

Graduate Certificate              \$375.00

Graduate Certificate              \$375.00

Postage:                      \$15.00    Anywhere within Australia only

**I want to apply for Austudy/Abstudy/Youth Allowance, please send me the Centrelink letter.**

**I understand that these allowances are available to eligible Australian students only and Vision Colleges has no control over the approval of the allowance**

## **Advanced Standing**

Vision Colleges encourages students to apply for advanced standing in the form of Academic Transfer or Recognised Prior Learning (RPL).

Send me information on Advanced Standing options.

**Payment Details**

**Credit Card Type**    Visa,                    Mastercard,                    AMEX

**Credit Card Number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on Card:

Expiry Date: Mth: \_\_\_ \_\_\_    Year: \_\_\_ \_\_\_ \_\_\_ \_\_\_

Security Num. on back of card: \_\_\_\_\_

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

Date: (DD/MM/YYYY): \_\_\_\_\_

Email the application and payment details to [Principal@visioncolleges.net](mailto:Principal@visioncolleges.net) or  
Post to Vision Colleges, PO Box 84, Macquarie Fields, NSW, 2564  
Australia

**Cheque or Postal Note:**

Please make all cheques payable to Vision Colleges

Post to Vision Colleges, PO Box 84, Macquarie Fields, NSW, 2564,  
Australia

**Direct Credit**

Payments within Australia

Bank: Westpac Bank

Account name: Vision Christian College

BSB:032 372

Account: 153354

## Contact Vision Colleges

Principal: Rev. Dr Denis Plant,      [principal@visioncolleges.net](mailto:principal@visioncolleges.net)

Registrar: Jacky Muleya,              [registrar@visioncolleges.net](mailto:registrar@visioncolleges.net)

Telephone: 02 9603 2077      Fax: 02 9603 3277

Web site      <http://www.visioncolleges.net>  
General Contact: [contacts@visioncolleges.net](mailto:contacts@visioncolleges.net)

### Postal Address

Vision International College  
PO Box 84  
Macquarie Fields  
NSW 2564  
Australia

### Street Address:

Vision International College  
Shop 3/10 Redfern Road  
Minto  
NSW 2566  
Australia

**Affix your photos below this line, both signed, one face up the other face down**

**Save this form to your computer, complete the details and return the saved version to [contact@visioncolleges.net](mailto:contact@visioncolleges.net)**

To assist the staff of Vision Colleges to better help you and provide you with the support you may need in your studies, please respond to each of these questions in no less than three paragraphs each.

1. Why do you want to study with Vision Colleges?

2. What do you expect to achieve when you finish your studies with Vision Colleges?



**3. Tell us about your ministry background and experience**

**Save this form to your computer, complete the details and return  
the saved version to [contact@visioncolleges.net](mailto:contact@visioncolleges.net)**

# Disability supplement

---

## Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

---

### **If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

#### **'11 – Hearing/deaf'**

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### **'12 – Physical'**

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### **'13 – Intellectual'**

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

#### **'14 – Learning'**

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

#### **'15 – Mental illness'**

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### **'16 – Acquired brain impairment'**

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

#### **'17 – Vision'**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

#### **'18 – Medical condition'**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

#### **'19 – Other'**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.