



RHEMA Bible Training College

19 Tolmer Place, Springwood QLD 4127
PO Box 1648, Springwood, 4127 Australia

Attach
Passport Photo
Here

APPLICATION FOR ADMISSION

☐ Diploma Course in _____ 20 _____ ☐ Full-Time ☐ Part-Time

| Alumni | New and Transfer Full-Time and Part-Time Students | Audit Students |
|---|---|---|
| 1. Attach a CURRENT passport photo to your admission application. 2. Complete the shaded in sections of Sections A, C and G. 3. Enclose the \$30AU NONREFUNDABLE Application Fee. 4. Submit notarized copies of First and Second Year Certificate and Diploma. | 1. Attach a CURRENT passport photo to your Admission Application. 2. Enclose the \$30AU NONREFUNDABLE Application Fee. 3. Complete ALL sections of the Application thoroughly. 4. Arrange to have both the Personal and Pastor's Evaluation forms completed and mailed directly to RHEMA Office of Admission. 5. When transferring in from another authorised RHEMA-submit official transcript from RHEMA attended or notarised copy of First Year Certificate where official transcripts may not be available. | 1. Attach a CURRENT passport photo to your Admission Application. 2. Complete all shaded in sections of the Admission Application. 3. Enclose the \$30AU NONREFUNDABLE Application fee. |

A. STUDENT DETAILS - Are you taking these courses for: ☐ Credit ☐ Audit Alumni: Year Graduated _____ RHEMA Attended _____

PLEASE PRINT OR TYPE FULL LEGAL NAME

| | | | | | | | |
|-------------------------------|--|-------------------|--|------------------------|---------------|----------------------|--------------------------|
| Surname | | Middle Name | | Christian Name | | Maiden Name | |
| Mailing Address | | | Suburb | | State | Country | Zip/Post Code |
| Home Phone () | | Work Phone () | | Mobile Phone () | | Facsimile () | Email |
| Date of Birth (DD/MM/YYYY) | Age | Gender M F | Australian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | Country of Citizenship | Birth Country | Country of Residence | Visa Status in Australia |
| Race | Marital Status (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | Name of Spouse | Surname | | Christian Name |
| Dependents | Surname | | | Christian Name | | Age | |
| | | | | | | | |
| | | | | | | | |

B. PERSONAL DETAILS

If you have answered Yes to any of these questions please explain further below.

| | | |
|--|--|--|
| Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently using illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had or do you currently have social or mental health issues? <input type="checkbox"/> *Yes <input type="checkbox"/> No (*If yes, please give details with this application.) | Do you have a criminal record? <input type="checkbox"/> *Yes <input type="checkbox"/> No (*If yes, please give details and enclose police clearance with this application. Please note that this will not necessarily prejudice your application.) | |
| Further explanation (As needed, use an additional page.): | | |
| (Please see Graduation requirements related to these areas.) | | |

C. CHURCH AFFILIATION AND EVALUATIONS

| | | |
|---|---|---|
| List the name of the Church you currently attend. | Pastor's Evaluation Form given to: (current Pastor or Church Leader) | |
| Name of Church | Name | Position |
| Denomination/Affiliation of Church | | |
| Church Address | Address | |
| Pastor's Name | Contact Phone Number () | |
| How long have you attended this Church? _____ Year(s) _____ Month(s) | Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your pastor or any member of your Church staff RBTC Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained? If so, with what denomination or organisation? | |

| | | | | |
|--|-----------|--|------|----|
| What Church activities are you currently involved in? | How long? | What Church activities were you formerly involved in? | From | To |
| | | | | |
| | | | | |
| | | | | |

Personal Evaluation Form given to: (someone other than a relative who has known you well for 3 years or more)

Name

Address

Contact Phone Number
()

D. STATEMENT OF FAITH & CHRISTIAN EXPERIENCE

| | | | | |
|--|--|-------|---|--------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you born again? | When? | Where? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you baptised in the Holy Spirit with the evidence of speaking in tongues? | | When? | Where? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Do you believe you are called to the ministry? | | If so, what do you believe is your calling? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you believe in the Holy Trinity - that our God is one but manifested in three persons: the Father, the Son and the Holy Spirit? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh and He is the only mediator between God and man? | | | |
| Give a brief explanation of why you desire to attend RHEMA Bible Training College? | | | | |
| How did you hear about RHEMA Bible Training College? | | | | |
| Do you know anyone currently attending RHEMA Bible Training College or has attended RBTC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give their name(s). | | | | |

| | | | |
|------------------------|-------------|------------------------------|------|
| E. EDUCATIONAL HISTORY | INSTITUTION | DIPLOMA/DEGREE/QUALIFICATION | DATE |
|------------------------|-------------|------------------------------|------|

| | | | |
|-----------|--|--|--|
| Secondary | | | |
| Tertiary | | | |
| Other | | | |

☐ Yes ☐ No Can you read, write and comprehend the English language?

Lectures/Assessments - All lectures and assessments: exams, reading and written assignments etc. are in English.

F. OCCUPATIONAL HISTORY
 (Please list your work experience starting with your PRESENT employer and date backwards.)

What is your occupation? _____

| NAME OF EMPLOYER | DUTIES PERFORMED | DATES |
|------------------|------------------|-------|
| Present | | |
| | | |
| | | |

G. PAYMENT AND SIGNATURE (Application Must Be Signed By All Students)

Signature _____ Date _____

The \$30AU Application Fee can be paid by one of the following options: (Please Circle) Credit Card / Direct Deposit / Cheque
 Direct Deposit: Westpac Bank. Account Name: RHEMA Bible Training Centre Australia Limited. BSB: 034-093 Account: 30-5190 Reference: YOUR FULL NAME-APPFEE

EXP DATE

/

Amount \$_____ Cardholder's Name _____ Cardholder's Signature _____ Date _____

I understand that all items submitted to RHEMA as part of the application process become the permanent property of RHEMA and will not be returned or copied for the applicant's use. I hereby state that all of the information contained in this application is correct and true. If RHEMA is notified that any of the information contained on the application is false, it may be grounds for dismissal.