

# APPLICATION FORM



**Mamarapha College**

RTO Code: 2026

***This application form MUST BE FILLED IN by the PERSON APPLYING, NOT SOMEONE ELSE!***

1. **FAMILY NAME:** ..... **Title:** Mr/Mrs/Miss/Ms .....

**First Name:** ..... **Middle Name:** .....

**Date of Birth:** ..... **Country of Birth:** ..... **Male/Female** .....

2. **Address: Street:** .....

**Suburb/Town:** ..... **State:** ..... **Postcode:** .....

**Home Phone:** ..... **Work Phone:** ..... **Fax** .....

**Mobile number:** ..... **E-mail Address:** .....

3. **How else can we contact you? Contact Name & Phone No's:** .....

4. **Status:**  Single  Married  Separated  Living with partner **Partner name:** .....

(optional)

**Ages of Children:** .....

5. **(Optional) CRN** .....

6. **Course** you wish to study at Mamarapha College:

- Diploma of Indigenous Studies (Ministry) 52813 (3 years)**
- Diploma of Indigenous Studies (Lifestyle Health Promotion) 52813 (3 years)**
- Diploma of Indigenous Studies (Community Bible Work) 52813 (3 years)**
- Advanced Diploma of Indigenous Studies 52817WA (4 years)**
- Advanced Diploma of Indigenous Pastoral Ministry 52818WA (4 years)**

7. **Which church do you belong to?**  SDA  Uniting  Anglican  Catholic  Lutheran

Other: ..... **Are you a baptised member? Yes/No** **Date of Baptism?** .....

**How often do you attend church?** .....

8. **Are you Aboriginal? Yes/No** **Torres Strait Islander? Yes/No** **Both Aboriginal & Torres Strait Islander? Yes/No**

9. **Do you have a disability or long-term medical condition? Yes/No**

- Hearing/Deaf  Physical  Vision/Blind  Learning difficulties  Mental Illness
- Bipolar  Diabetes  Medical condition  Acquired brain impairment
- Other .....

10. **What is your highest COMPLETED school level?** (Please tick only one (1) box)

- Year 12  Year 11  Year 10  Year 9  Year 8  Other:

In what year did you complete that school level? .....

11. **What further certificates or degrees have you completed (if any) after High School?** Write the Certificate name (eg. Cert III in Carpentry, Diploma in Business, etc) *Please attach a copy of ANY certificates.*  
Advanced Diploma of Indigenous Pastoral Ministry 52818WA (4 years)

12. **What kind of things have you done in your local church?**

- Youth Work  Preaching  Visitation  Children's Ministry  Other: Please specify: .....

13. **Do you need help to give up**  smoking/chewing  drinking  drugs  gambling  others? ...

none of the above. **Are you ready to do your part to change (if any)?**  yes  not sure

**Are there any current court cases that may affect your study?**  no  yes **give details** .....

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13. Why you wish to attend the College: (This must be your own thoughts and your own hand writing, NOT someone else's.)

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14. People who can recommend you:

Make sure you put at least 2 people (who are not related to you) and their phone numbers. The college cannot accept your application if we cannot contact the people to recommend you.

**Church Pastor (or church group leader):** Name: .....

Home Phone: ..... Mobile: .....

**Church Elder or Member:** Name: .....

Home Phone: ..... Mobile: .....

**Other Christian or leader in the community:** Name: .....

Home Phone: ..... Mobile: .....

What position do they hold (in the church or community)? .....

15. Name of person helping you fill in this form (if any) .....

- YES! I wish to apply to study at the Mamarapha College.
- YES! I give my permission for the College to contact the people above and others for recommendations.
- YES! I am happy to respect and keep College rules and the Biblical principles taught there.
- YES! I will do my best in the study, homework and duties assigned by the college.
- YES! If I am unable to get a Working With Children Card I may not be able to complete my course.

16. Student Signature: ..... Date: .....

Name of person helping you fill in this form (if any) .....

*If you need any more details, ring the College on 08 9397 7233.*

**Please Mail this Form and photocopies of Certificates to:**

Admissions  
Mamarapha College  
23 School Road  
KARRAGULLEN WA 6111

Fax No: 08 9397 7244

