



# CROSS-INSTITUTIONAL ENROLMENT APPLICATION FORM B

<b>OFFICE USE:</b>
Date received: _____
Initials: _____

This form is to be used by students who are currently enrolled in a course of study at another institution (the 'home' institution) and who wish to undertake units of study at Christian Heritage College for credit towards their award.

This form must be accompanied by a certified copy of the applicant's academic record from the home institution, and written advice (or the appropriate form) from the home institution approving the undertaking of units of study at Christian Heritage College.

The completed form, and all accompanying documentation, is to be submitted no later than three weeks prior to the commencement of teaching in the relevant semester at Christian Heritage College.

<b>Christian Heritage College Study History</b>	
Have you previously been a student at Christian Heritage College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for cross-institutional study at Christian Heritage College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered 'Yes' to either of the questions above, please provide the following information:	
CHC Student ID <input type="text"/>	Previous name (if changed) <input type="text"/>
<b>Personal Details</b>	
Title <input type="text"/>	Family Name <input type="text"/>
Given Name(s) <input type="text"/>	Preferred First Name <input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Citizenship / Residency</b>	
Please indicate your current Citizenship/Residency status.	
<input type="checkbox"/> 1. Australian citizen - includes Australian citizens with dual citizenship;	
<input type="checkbox"/> 2. New Zealand citizen - New Zealand citizen or a diplomatic or consular representative of New Zealand, a member of the staff of such a representative or the spouse or dependent relative of such a representative, excluding those with Australian citizenship;	
<input type="checkbox"/> 3. Permanent Resident - student has a Permanent visa other than a Permanent humanitarian visa;	
<input type="checkbox"/> 4. Temporary Resident - student has a temporary entry permit or is a diplomat or a dependent of a diplomat (except New Zealand) and resides in Australia during this unit of study;	
<input type="checkbox"/> 5. Other - not one of the above categories and student is residing outside Australia during this unit of study;	
<input type="checkbox"/> 8. Humanitarian Visa holder - Student has a permanent humanitarian visa.	
Are you Aboriginal or Torres Strait Islander? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither	
What is your country of birth? <input type="text"/>	
If you were not born in Australia, in what year did you arrive in Australia? <input type="text"/>	
What is the language spoken at your permanent home address? <input type="text"/>	

**Contact Details**

**Permanent home address** Street address

Suburb/Town  Postcode

State/Country  Telephone

**Preferred mailing address** Street address

Suburb/Town  Postcode

State/Country  Telephone

**Other contact details** Mobile  Email

**Enrolment Details**

**Did you complete Year 12 in Australia this year or last year?**

No  Yes - School name  State

- What was your tertiary entrance score?  Scale (eg OP/TER/UAI)

- What was your home suburb at the time of completing Year 12?

- What was your home postcode at the time of completing Year 12?

**Did you complete Year 12 outside of Australia this year or last year?**

No  Yes - What was your home postcode at the time of completing Year 12?

**Have you previously enrolled in another Higher Education Provider?**

No  Yes - At which institution were you enrolled?

- In which state is the institution located?

- What was your Student Number?

**Do you have a disability, impairment or long term medical conditions which may affect your studies?**

No  Yes - Please indicate the areas of impairment:

Hearing  Vision  Learning  Medical  Mobility

Other

Would you like advice on support services, equipment and facilities which may assist you?  Yes  No

**Home Institution Details**

Home institution  Year last enrolled

Course of study  Student number

**Proposed CHC Study Details**

CHC School  Business  Christian Studies  Education & Humanities  Ministries  Social Sciences

CHC unit(s) *Unit Code & Title* *Mode\** *Sem/Year (eg 1/06)*

\*Mode: **Internal** - on campus (includes intensives); **External** - distance education

**Declaration**

Please read and sign the following declaration:

*I declare that the information on this form is, to the best of my knowledge, correct and complete in every detail, and that the provision of incorrect or incomplete information may result in the cancellation of my offer of enrolment and/or enrolment at Christian Heritage College. I recognise that it is my responsibility to provide all necessary evidence of my qualifications, studies and experience, and I authorise Christian Heritage College to obtain further information where necessary.*

*I have read and I understand the College's policy concerning refunds. If admitted to Christian Heritage College, I undertake to comply with the College's rules and standards of conduct.*

Signature of applicant  Date  /  /

*CHC collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal and/or other regulatory requirements.*

**HOME INSTITUTION TO COMPLETE**

The following authorisation is to be completed by an officer of the home institution **OR** a letter of authorisation from an officer of the home institution, containing the following information, is to be attached to this application.

- At the home institution, this student is:
- 1. A tuition fee paying student  Yes  No
  - 2. A 2005+ Commonwealth supported student  Yes  No
  - 3. A pre-2005 Commonwealth supported student  Yes  No
  - 4. Assisted with: HECS-HELP  Yes  No; FEE-HELP  Yes  No

*Approval is given for this student to undertake the nominated unit(s) at Christian Heritage College. On successful completion of the unit(s), credit will be given to the student's course at their home institution.*

Name

Signature  Date  /  /

Position  Institution

Institution stamp

**PLEASE SEND THE COMPLETED FORM AND ATTACHMENTS TO**

**The Registrar  
Christian Heritage College  
PO Box 2246, Mansfield DC, Qld 4122  
Australia**

**CHRISTIAN HERITAGE COLLEGE OFFICE USE ONLY**

1. Course Coordinator: Approved  Yes  No Signature  Date  /  /

2. Registrar: Status  Full fee  Commonwealth supported  
Eligible for FEE-HELP  Yes  No ; HECS-HELP  Yes  No ; Neither   
Signature  Date  /  /

3. Student Admin: Entered Signature  Date  /  /

Letter sent Signature  Date  /  /

4. School Admin: Signature  Date  /  /

5. Business Office: Signature  Date  /  /