# Application for Audit Admission – WellSpring Units 2022

## Audit registration only – not for academic credit

Audit participants in WellSpring Units who complete this form are registered through Whitley College and their details are stored in the database of the University of Divinity to facilitate access to the ARK online Learning Management System. Audit 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | | | |
| Title | |  | | | | | Family name | | | | | | |  | | | | |
| Given first name | |  | | | | | Other given name/s (middle) | | | | | | |  | | | | |
| Preferred name | |  | | | | | Single name (if applies) | | | | | | |  | | | | |
| Have you previously been a University of Divinity or MCD student or applicant? | | | | | | |  | | | Yes | | College | | |  | | | |
|  | | | No | | | | | | | | |
| Postal address *(Correspondence will be sent to this address)* | | | | | | | | | | | | | | | | | | |
| Address line 1 | |  | | | | | | | | | | | | | | | | |
| Address line 2 | |  | | | | | | | | | | | | | | | | |
| Town/Suburb | |  | | | | | | | | Postcode | | | | | | |  | |
| State | |  | | | | | | | | Country | | | | | | |  | |
| Residential address (If different from postal address) | | | | | | | | | | | | | | | | | | |
| Address line 1 | |  | | | | | | | | | | | | | | | | |
| Address line 2 | |  | | | | | | | | | | | | | | | | |
| Town/Suburb | |  | | | | | | | | Postcode | | | | | | |  | |
| State | |  | | | | | | | | Country | | | | | | |  | |
| Contact details | | | | | | | | | | | | | | | | | | |
| **Email** **(*\*required\*)*** | |  | | | | | | | | | | | | | | | | |
| Mobile | |  | | | | | | | |  | | | | | | | | |
| Home phone | |  | | | | | | | | Day phone | | | | | | |  | |
| Additional personal details | | | | | | | | | | | | | | | | | | |
| Date of birth | |  | | | | | | | | Occupation (optional) | | | | | | |  | |
| Gender | | |  | Male | |  | | Female | | |  | | Transgender/Intersex/Other | | | | |
| Denomination (optional) | |  | | | | | | | | Diocese/Congregation (optional) | | | | | | |  | |
| Feedback | | | | | | | | | | | | | | | | | | |
| How did you hear about us? | | | | | | | | |  | | | | | | | | | |
| Emergency contact details | | | | | | | | | | | | | | | | | | |
| Name of emergency contact person | | | | | | | | |  | | | | | | | | | |
| Relationship to you of emergency contact person | | | | | | | | |  | | | | | | | | | |
| Contact phone numbers of emergency contact person | | | | | | | | |  | | | | | | |  | | |
| ***Office Use Only*** | UD ID: | | | |  | | | | | | | | | | | | | |

## Personal information (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you of Australian Aboriginal descent? | |  | Yes | |  | No |
| Are you of Torres Strait Islander descent? | |  | Yes | |  | No |
| Country in which you were born |  | If not born in Australia, year of arrival | | |  | |
| 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 |  | | No |
| Language spoken at your permanent residence | |  | | | | |

\* *NOTE: Audit enrolments are* ***not*** *available to overseas students in Australia studying on Overseas Student Visas.*

## Medical/disability needs

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any 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 |  | Learning | | |  | Mobility | | |  | | | Vision | | | |
|  | Medical |  | Other: |  | | | | | | | | | | | | |
| Would you like to receive information on medical/disability support services, equipment or facilities available that may assist you? | | | | | | | | |  | | | Yes | | |  | No |

## Previous education

| **Secondary school education** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Highest secondary school level attained | |  | | Year when completed(yyyy) | | |  |
| Language in which secondary schooling was studied | | | |  | | | |
| **Tertiary education** | | | | | | | |
| Degree / Diploma / Certificate / Other *(award name)* | Name of institution | | Country | | Year when completed *(yyyy)* | Language in which course was studied | Transcript provided\* |
|  |  | |  | |  |  |  |
|  |  | |  | |  |  |  |
|  |  | |  | |  |  |  |
|  |  | |  | |  |  |  |

\* *NOTE: Provision of transcripts is optional when registering as an audit participant*

***COVID-19 vaccination details***

Please [**read here**](https://divinity.edu.au/coronavirus/vaccination-information/) information on the requirements for collection of COVID-19 vaccination evidence.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*COVID fully vaccinated (2+ doses) |  | Yes |  | No |  | Exempt |
| COVID vaccination description  *(type of vaccination)* | *E.g. Pfizer, AstraZeneca, etc* | | | | | |
| \*Evidence provided  *(e.g. Covid-19 certificate, exempt document, etc)*  Note: Students who are not fully vaccinated are still permitted to enrol at the University, but may only study online and are not permitted to attend University or College facilities |  | Yes |  | | | |
|  | No/Not applicable. Pls specify reason: | *E.g. Online study and not attending onsite locations* | | | |
| \*COVID most recent vaccination date | /    / | | | | | |
| *\*Indicates mandatory questions to be completed* | | | | | | |

## Proposed program of study

## College and course

|  |  |  |  |
| --- | --- | --- | --- |
| **Home College** | | | |
|  | Whitley College (WHT) |  |  |
| **Course** | | | |
|  | Audit postgraduate units (AudPG) |  | Audit undergraduate units (AudUG) |

## Units of study

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Unit selection *Cross the box beside each unit you want to audit* | | | | | | | |
| **Unit code** | | | **Unit name** | **Delivery Id** | | **$**  **Unit Fee** | **Start Date** | **X to Select** | **Office Use** |
| DS8201W | | | Art of Contemplative Practice 1 | 44983 | | $1,366 | 20 Jan |  |  |
| DS9202W | | | Art of Contemplative Practice 2 | 45211 | | $1,366 | 21 Jul |  |  |
| DD8202W | | | Art of Spiritual Companioning 1 | 45365 | | $2,732 | 28 Mar |  |  |
| DD8203W | | | Art of Spiritual Companioning 2 | 45366 | | $2,732 | 28 Mar |  |  |
| DD9204W | | | Art of Spiritual Companioning 3 | 45364 | | $2,732 | 28 Mar |  |  |
| DS9205W | | | Action and Contemplation: The Art of Christian Engagement | 45350 | | $500 | 12 Aug |  |  |
| DS9030W | | | Spiritual Formation: Shaping the teachers and leaders of tomorrow | 45368 | | $1,366 | 21 Apr |  |  |
| DS8201W | | | Art of Contemplative Practice 1, *Townsville* |  | | $1,366 | 09 Sep |  |  |
| *Total fees due* | | | |  | | | | |

## Audit fees - 2022

*Please note:*

* *All audit fees are to be paid to Whitley College on application, or no later than two weeks prior to unit start date.*
* *Students with unpaid fees will not be permitted to attend classes or use the library.*
* *Audit fees may vary from year to year and from unit to unit.*
* *Audit fees charged by Whitley College do* ***not*** *include GST*
* *FEE-HELP (the Australian Government loan scheme) is* ***not*** *available for audit fees.*

### Method of payment

How will you pay your audit fees?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Upfront payment – payable to Whitley College** | | | | |
|  | **Credit card**  To pay securely using your MasterCard or Visa, please contact us on (03) 9340 8100 or visit us at the office. | | | |
|  | **Direct Deposit** | | | |
|  | | I will pay by direct deposit to the Whitley College bank account:  BSB: 083170  Account No: 515618416  Account Name: Whitley College  Reference: YourName UnitCode (e.g. AStudent BA9004) | |
|  | A **third party** is paying for my audit fees. | | | |
|  | I include with this application a letter or other official confirmation from the third party accepting responsibility for payment of my fees. | | |
|  | I have advised the third party of the above options for payment of my audit fees to Whitley College. | | |
| Name of third party or organisation | |  |
| Email/postal address of third party or organisation | |  |
|  |  | Name and phone number of contact person | |  |

## Your checklist

Important checklist to avoid delays in processing your application

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

## Terms and Conditions of Enrolment and Declaration

### Privacy statement

The information on this form is collected for the primary purpose of the creation of a record on the University of Divinity student database and ARK, the University of Divinity online learning management system, or adding to an existing record in the University systems (if you are, or previously have been a student of the University). Your details may also be added to the Whitley College database and used for 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 Whitley College to process your application. 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. Information relating to the studies of seminarians and members of religious orders may also be disclosed to your seminary and/or religious superior.

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 understand that, by registering as an audit participant, **I cannot claim academic credit** for completion of the unit(s), either in the current study period or retrospectively. |
|  | 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 Whitley College may terminate any enrolment that arises as a result of this application. |
|  | I accept responsibility for notifying Whitley College of any change of address or email. |
|  | I accept responsibility for ensuring that the audit fees are paid on time. |
|  | I agree to abide by the University of Divinity’s *Code of Conduct* published at[www.divinity.edu.au/code-of-conduct/](http://www.divinity.edu.au/code-of-conduct/). |
|  | I consent to receiving information electronically from Whitley College and the University of Divinity, 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |  | Date | **/**  **/**     (dd/mm/yyyy) |
| *Type name for electronic submission* |
| **Approval**  Applicant is permitted to audit the units selected in the Study Program above   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Course Advisor |  | Signature |  | Date |  |   **College Office Administration**  Form checked, data is complete and matches evidence  Data entered in Paradigm  Student contacted   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  | Signature |  | Date |  | | | | |

## Lodging your application

*Complete all pages then submit your application with ID document to the Registrar of Whitley College:* [*whitley@whitley.edu.au*](mailto:whitley@whitley.edu.au)

*Whitley College will email you confirmation and ARK login details once you are registered in the unit/s.*