# Application for Audit Admission – WellSpring Units 2024

# Audit registration only – not for academic credit

# *Note: Audit participation is not available to overseas students in Australia studying on Overseas Student Visas (500 subclass).*

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 a certified copy of your birth certificate, current passport or other official documents verifying your citizenship status in your current name. An incomplete application will delay processing.**

## Personal information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | | | | |
| Title | | |  | | | Family name | | |  | | | | | | | | | | |
| First given name | | |  | | | | | | | | | Other given name/s (middle) | | | | | | |  |
| Preferred name | | |  | | | | | | | | | Previous family name | | | | | | |  |
| Have you previously been a University of Divinity or Melbourne College of Divinity student or applicant? | | | | | | | | | | | |  | Yes | | College | |  | | |
|  | | | | | | | | | | | |  | No | | | | | | |
| Contact details | | | | | | | | | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | Day phone | | |  | | |
| Email *(required)* | | |  | | | | | | | | | | | | | | | | |
| **Residential address -** *Address where you reside or will be residing when undertaking your study. No PO Box.* | | | | | | | | | | | | | | | | | | | |
| Address line 1 | | |  | | | | | | | | | | | | | | | | |
| Address line 2 | | |  | | | | | | | | | | | | | | | | |
| Town/Suburb | | |  | | | | | | | | | | | Postcode | | |  | | |
| State | | |  | | | | | | | | | | | Country | | |  | | |
| Additional personal details | | | | | | | | | | | | | | | | | | | |
| Gender | |  | | Male | | |  | Female | | | | | |  | Indeterminate/Intersex/Unspecified | | | | |
| Date of birth | | (dd/mm/yyyy) | | | | | | Occupation (optional) | | | | | |  | | | | | |
| Denomination (optional) | | | | |  | | | | | Diocese/Congregation (optional) | | | | | | | |  | |
| Feedback | | | | | | | | | | | | | | | | | | | |
| How did you hear about us? | | | | |  | | | | | | | | | | | | | | |
| Emergency contact | | | | | | | | | | | | | | | | | | | |
| Full name |  | | | | | | | | | | Relationship to you | | | | |  | | | |
| Day phone |  | | | | | | | | | | Mobile | | | | |  | | | |

|  |  |
| --- | --- |
| **University of Divinity ID** |  |

## Australian Government Information

|  |
| --- |
| *The Commonwealth Government requires this information from all students.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your citizenship and residency status this semester? |  | | | |
| 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 |  | | | |

## Medical/Disability Needs

If you have a disability or medical condition which means that you may require additional help during your study, it is important to provide the following information. This information will be kept confidential and will not affect your admission.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a 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 |  | Mobility/Physical | |  | | Intellectual | |  | | Learning | | | |
| Mental Health |  | Brain injury | |  | | Vision | |  | | Medical | | | |
| Neurological |  | 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 | | | | | | |
| The highest secondary schooling level attained  (level left school) |  | Year 10 |  | Year 11 |  | Year 12 |
| Language in which secondary schooling was studied |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tertiary education** List in chronological order. *Provision of transcripts is optional when enrolling as an auditing participant.* | | | | | |
| Award Name | Name of institution | Country | Year completed | Language | Transcript provided? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Proposed program of study and attendance mode

|  |
| --- |
| **Home College – Whitley College (WHT)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level |  | Audit postgraduate units (AudPG) |  | Audit undergraduate units (AudUG) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact mode |  | In-Person (on campus) |  | Online only |  | Blended |

## 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 | 50530 | $1,903 | 20 Jan |  |  | |
| DS9202W | Art of Contemplative Practice 2 | 50800 | $1,903 | 5 Sep |  |  | |
| DD8202W | Art of Spiritual Companioning 1 | 50506 | $3,806 | 14 Mar |  |  | |
| DD8203W | Art of Spiritual Companioning 2 | 50793 | $3,806 | 14 Mar |  |  | |
| DD9204W | Art of Spiritual Companioning 3 | 50505 | $3,806 | 14 Mar |  |  | |
| DS3205W/DS9205W DP3205W/DP9205W | Action and Contemplation:  The Art of Christian Engagement |  | $1,000 | 8 Aug |  |  | |
| DS9030W | Spiritual Formation:  Shaping the Teachers and Leaders of Tomorrow |  | $1,903 | 16 Apr |  |  | |
| DS3208W/DS9208W | Mapping the Soul with the Enneagram |  | $1,000 | 2 Jul |  |  | |
| *Total fees due* | | |  | | | |

## Audit fees - 2024

*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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | |
| To 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 DS8201W) | | |
|  | 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 |  |

## Terms and Conditions of Enrolment and Declaration

### Privacy statement

The information on this form is collected for the primary purpose of assessing your application for admission as an audit participant. Other purposes of collection include the creation of a new or updating of an existing record on the University of Divinity student database to facilitate access to ARK, the University’s online learning management system; 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. All sensitive and personal information will be handled in accordance with the University’s Privacy Policy. 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. For details of the privacy and collection statement that applies to this form, please go to <https://divinity.edu.au/privacy>.

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 registration and participation 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. |
|  | I consent to my data being used by the University in accordance with the Information Privacy Principles (IPPs) in the Privacy and Data Protection Act 2014 (Vic) and Privacy Act 1988. |
|  | I understand that I will be required to have regular access to a computer that supports video and other standard computing software during my studies, and that multi-modal learning implies travel at my own expense. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |  | Date | (dd/mm/yyyy) |
| *Type name for electronic submission* |
| **Approval** *(*Course Advisor to complete)  Interview was conducted with the applicant.  All units are running in the time periods indicated.  Applicant meets all criteria for admission and is permitted to audit the units selected above.  Applicant does *not* meet criteria for admission because      .   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Course Advisor |  | Signature |  | Date |  |   **College Office Administration**  Certified evidence of citizenship status in the current name is enclosed (passport, birth certificate, etc…)  Form checked, data is complete and matches evidence.  Payment method details have been completed.  Data entered in Paradigm.  Student contacted.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  | Signature |  | Date |  | | | | |

## Lodging your application

*Complete all pages and submit your application* ***with ID document*** *to the Registrar, Whitley College:* [*registrar@whitley.edu.au*](mailto:registrar@whitley.edu.au)*. We will email you confirmation and ARK login details once you are registered in the unit/s.*

## Your checklist

|  |  |
| --- | --- |
|  | 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. |