**Application to Audit - 2024**

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| --- | --- | --- | --- | --- | --- | --- |
| **ABOUT YOUR UNIT CHOICE(S)** | | | | | | |
| **Unit name** | **Unit code** | **Mode\*** | Sem 1 | **Sem 2** | **Intensive** | **Fee** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
| **Total Fees payable** | | | | | | $ |
| *\*Under ‘Mode’ please enter ‘C’ if studying in a classroom, ‘O’ if studying online, or ‘I’ if attending an intensive Unit* | | | | | | |

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| **STUDENT DETAILS** | | |
| Have you previously been a University of Divinity or Melbourne College of Divinity student or applicant? | Yes |  |
| College |  |

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | |
| Title |  | | Family name | | | |  | | | | | | | |
| First given name |  | | | | | | | | Other given name/s (middle) | | | | |  |
| Preferred name |  | | | | | | | | Previous family name | | | | |  |
| **Contact details** | | | | | | | | | | | | | | |
| Mobile |  | | | | | | | | | | Day phone | |  | |
| Email *(required)* |  | | | | | | | | | | | | | |
| **Residential address** *(Cannot be a PO Box address)* | | | | | | | | | | | | | | |
| 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/yy)* | |  | | | |

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| **EMERGENCY CONTACT** | | | |
| Full name |  | Relationship to you |  |
| Mobile |  | Day phone |  |

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| **CITIZENSHIP INFORMATION\*\*** | | |
| Country of birth: |  | |
| Of which country/countries are you a citizen? |  | |
| If not an Australian citizen, what is your residency/VISA status? |  | |
| \*\**Please forward a copy of your birth certificate, passport photo page, or other documents verifying your citizenship status in your current name.* | | Attached |

**HOW TO PAY**

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| **Credit Card** |  | |  |
| A group of logos with a red circle  Description automatically generated | To pay securely using your MasterCard or Visa, please contact us on (03) 9340 8100 or visit us at our office, Whitley College, 90 Albion Road, Box Hill, VIC 3128. | | |
|  |  | | |
| **Direct Deposit** |  | | |
| To pay to the Whitley College bank account: | BSB: 083170  Account No: 515618416  Account Name: Whitley College  Reference: YourName UnitCode (*e.g. AStudent BA9004W*) | | |
|  |  | | |
| **My fees are being paid by somebody else** | | | |
| *Please include with this application a letter or other official confirmation from the third-party accepting responsibility for payment of your fees.* | Name of organisation / person |  | |
| Name of contact person: |  | |
| Email for contact person: |  | |
| Mobile of contact person: |  | |

* For 2024, the fee for a standard audit Unit is $500 per student.
* Audit fees charged by Whitley College do ***NOT*** include GST
* 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.
* FEE-HELP (the Australian Government loan scheme) is **NOT** available for audit fees.

**TERMS AND CONDITIONS OF ENROLMENT AND DECLARATION**

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|  | 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. |

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| Applicant’s signature  (*type name into box if signing electronically*) |  | Date *(dd/mm/yy)* |  |

**SPECIAL MEDICAL CONDITIONS**

Please contact the Registrar: [registrar@whitley.edu.au](mailto:registrar@whitley.edu.au) if you have a disability or medical condition which means that you may require additional help. A further short form will be emailed to you requesting more detailed information.

**WHERE TO SEND YOUR APPLICATION**

Complete all pages and submit your application with ID document to the Registrar: [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.

**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).

Audit participants in Whitley College 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.

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| **Student Services Office only** |
| **Approval** *(*Course Advisor to complete)  All units are running in the time periods indicated.  Applicant is permitted to audit the units selected above.  Applicant does *not* meet criteria for admission because      .   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Course Advisor |  | Signature |  | Date |  |   **College Office Administration**  Evidence of citizenship status in current name is enclosed (passport, birth certificate, etc…)  Form checked, data is complete and matches evidence.  Student has existing University ID number:  Payment method details have been completed.  Data entered in Paradigm.  Student contacted.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  | Signature |  | Date |  | |