

APPLICATION FOR THE BRIDGE PROGRAM



THANK YOU FOR APPLYING TO SYDNEY MISSIONARY & BIBLE COLLEGE'S 'THE BRIDGE' GAP YEAR PROGRAM

This application form needs to be completed by the applicant. It can be filled out digitally or printed out and filled in by hand. Once completed it can be posted, or scanned and emailed, to the contact details below.

If you are an overseas student, you will need a different form to this one. Please contact us at thebridge@smbc.edu.au

RETURN COMPLETED FORMS TO:

thebridge@smbc.edu.au

or

The Bridge, PO Box 83, Croydon NSW 2132

NOTE: Please email a passport-style headshot photo of yourself with your application.
Please email a copy of your passport ID page with your application (if available).

FOR MORE INFORMATION ABOUT THE PROGRAM VISIT OUR WEBSITE: THEBRIDGE.SMBC.EDU.AU

THE BRIDGE, C/- SMBC ADMINISTRATION CENTRE

43-45 BADMINTON ROAD, CROYDON NSW 2132, AUSTRALIA

PO BOX 83, CROYDON NSW 2132, AUSTRALIA

P: [02] 9747 4780 E: THEBRIDGE@SMBC.EDU.AU

PRIVACY NOTE:

The information collected on this form is to enable you to enrol as a student in 'The Bridge' program at Sydney Missionary & Bible College (SMBC). Please refer to the SMBC Privacy Policy at smbc.edu.au/policies/privacy-policy

OFFICE USE ONLY:

DATE RECEIVED:

PROCESSED BY:

CONTACT DETAILS

YOUR DETAILS

First Name/s:

Last Name:

Preferred Name:

Address:

Suburb:

State:

Postcode:

Phone/Mobile:

Email (you will need a current email address):

Email: please complete again, this time in CAPITALS:

Skype Address:

Date of Birth:

DD	/	MM	/	YYYY
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Place of Birth:

Your Nationality:

Your first language:

Your full passport name (if applicable):

Are you an Australian citizen? Yes No

If not, are you a permanent resident of Australia? Yes No

Do you have a Working With Children number (WWC)? Yes No

If Yes, please provide your WWC number:

If No, please refer to the 'Working with Children Legislation' section in this application form.

YOUR PARENT/S OR GUARDIAN DETAILS (as applicable)

PERSON 1 (your primary contact person)

Relationship to you (eg mother/father/guardian):

First Name:

Last Name:

Address:

Suburb:

State:Postcode:.....

Phone/Mobile:

Email:

PERSON 2

Relationship to you (eg mother/father/guardian):

First Name:

Last Name:

Address:

Suburb:

State:Postcode:.....

Phone/Mobile:

Email:

NEXT OF KIN (Emergency Contact - if different to your parent/s/guardian)

First Name:

Last Name:

Address:

Suburb:

State:Postcode:.....

Phone/Mobile:

Email:

CHRISTIAN LIFE

What Church (name and suburb) are you attending?

.....

Tell us briefly how and when you became a Christian?

.....

Why would you like to be a part of SMBC's 'The Bridge' gap year program?

.....

Do you accept and agree to observe the scriptural standard of Christian behaviour (for example: Romans 12:1-2, Titus 2:11-14, 1 Peter 1:13-16, 1 Peter 2:11-17, 1 John 2:15-17) ?

Yes No

HEALTH / NEEDS

In order for us to facilitate your time during 'The Bridge' program, including an overseas mission trip to South East Asia and other off campus activities, please make us aware of any conditions, physical or emotional, that may impact your study or involvement in 'The Bridge' community. For example:

- Concentration difficulties
- Dyslexia or other reading difficulties
- Muscular/skeletal pain
- Depression or other mental illness
- Sensory difficulties
- Recurrent/chronic health conditions
- Special dietary requirements
- Other

If yes to any of the above, please provide details:

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Note: In the unlikely event of an accident or emergency we may need to call an ambulance. We recommend you consider ambulance cover.

Medicare Number:

Expiry Date: / /

Health Fund (if applicable):

Health Fund Membership Number:

EDUCATION

In what state did you go to school?

Name and location of school attended:

What year did you/will you finish school?

Have you completed the HSC (or equivalent)? Yes No

If No, what was your last completed level at school? eg Year 10, Year 11

ATAR/TER Score (if known):

Have you started tertiary education, such as university, TAFE or trade? Yes No

If yes, what course?

What other courses have you started or completed since leaving school?

.....

Do you have any work, volunteer or ministry experience?

.....

ENROLMENT DETAILS

I would like to enrol for the:

Diploma of Christian Studies (HSC or equivalent entry requirement / FEE-HELP available (conditions apply))

Diploma of Theology (HSC or equivalent entry requirement / FEE-HELP available (conditions apply))

Certificate (No academic entry requirement / No FEE-HELP)

Audit (No academic entry requirement / No FEE-HELP)

Note: Students enrolling in the Diplomas are committing to complete the award. For those doing the Diploma of Christian Studies, this will require at least two further subjects to be done either during the year or in the future, and for those doing the Diploma of Theology, this will require a further six subjects to be completed.

FINANCIALS

How do you plan to finance your participation in 'The Bridge' program, including amounts necessary for course fees, books, transport and general living expenses?

.....

Do you anticipate any difficulties in arranging finance ? Yes No
(Course fees can be paid upfront or by agreed installments)

Are you intending to apply for FEE-HELP? Yes No
If Yes, please visit **studyassist.gov.au** for FEE-HELP eligibility.

Note: FEE-HELP is available only to students who intend to complete the Diploma courses (for more details contact us, or go to thebridge.smbc.edu.au)

If you are applying for FEE-HELP you will need an Australian Tax File Number.

What is your Australian Tax File Number (TFN)?

I've applied for a number but waiting for it to be issued

I still need to get my Tax File Number

Do you have, or are you planning to get, a part-time job during your gap year? Yes No

WORKING WITH CHILDREN LEGISLATION (NSW GOVERNMENT LEGISLATION)

If you are 18 years or older, you will need to complete a Working With Children Check to enrol in 'The Bridge'. If you are 17 years old, you cannot complete this check until you are 17 years and 11 months. Please complete it as soon as you are able and provide a copy of your clearance letter to 'The Bridge' Coordinator (thebridge@smbc.edu.au)

Follow these steps to get a Working With Children Check:

- 1.** Go to www.newcheck.kids.nsw.gov.au and complete the online form. Alternatively you can call 02 9286 7219. Once you have done this you will receive an application number.
- 2.** You'll then need to take your application number and proof of identity (eg Drivers Licence or Passport) to a NSW Roads and Maritime Services (RMS) office. It costs \$80 if you are in paid employment and lasts for five years or if you are not working or working as a volunteer it's free.
- 3.** The RMS will send you an email (once the checks have been made) with the outcome of your application and your WWC number. It is this clearance confirmation we will need to see. Generally, it takes at least a week or so for checks to be cleared. If you are from another state or territory in Australia, NSW legislation requires you to apply for a Working With Children clearance regardless of your prior checks in your state or territory.
- 4.** You will then need to advise us of your Working With Children (WWC) number for the compulsory online verification process.

REFERENCES

Please provide the name, address and contact details of two mature Christians (one should be your youth pastor/minister) who you know well and who is prepared to fill in a confidential reference for you.

(We will send out to your referees the Confidential Reference Form which they then return directly to The Bridge, c/- SMBC)

REFEREE 1

Title (Dr, Rev, Mr, Mrs, Miss, Ms):

Name:

Address:

Suburb:

State:

Occupation:

Denomination:

Phone/Mobile:

Email:

REFEREE 2

Title (Dr, Rev, Mr, Mrs, Miss, Ms):

Name:

Address:

Suburb:

State:

Occupation:

Denomination:

Phone/Mobile:

Email:

How did find out about The Bridge? (Tick any that apply)

- SMBC website
- The Bridge website
- social media
- word of mouth

- pastor/church
- friend
- Info Session
- other (specify)

LASTLY

Thanks so much for your application. Is there anything else you'd like us to know in consideration of your application?

.....

DECLARATION

To the best of my knowledge, all information supplied by me in this application form is true and accurate. I have not omitted anything that may affect my application.

Signed:
(Applicant)

Date: DD/MM/YYYY

Print Name:

Signed:
(Parent/Guardian if applicant is under 18 years old)

Date: DD/MM/YYYY

Print Name: