

I give permission for any video or photographic images taken within lecture recordings to be used by PCOM for promotional or off campus education purposes and where I am part of an off campus group established within a local church, for PCOM to disclose student records to the hosting church.

Student Signature: _____

Your Church

Name: _____

Denomination: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Your Pastor

Title: _____ Name: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Please have your pastor sign the following: *"I endorse the applicant's enrolment into Paradise College of Ministries and I endorse the Exam Supervisor nominated in the instance of an Off Campus application."*

Pastor's Signature: _____

Internship Applicants Only

Your Supervisor

Title: _____ Name: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Off Campus Students Only

Your Exam Supervisor

Title: _____ Name: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Please enclose Application Fee: \$25

Credit Card Payment Options

Please debit my: Visa Master Card Bankcard

Amount: \$ _____ Card Holders Name: _____

Card Details: _____ Expiry: ____ / ____

Signature: _____