



*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: \_\_\_\_\_

**Your Exam Supervisor**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Internship Applicants Only**

**Your 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: \_\_\_\_\_