

ENROLMENT APPLICATION

Please PRINT all details clearly in black pen



Please affix a colour
passport size photo
here

In addition a
digital photo will
be required for your
student card (can be
taken at College).

Title: _____ Firstname: _____

SURNAME: _____ Other names: _____

Preferred first name for badge: _____

CONTACT DETAILS

RESIDENTIAL address during semester - Street: _____

Suburb/Town _____ State: _____ Postcode: _____

POSTAL address: *(if different from above)*: _____

Suburb/Town _____ State: _____ Postcode: _____

PHONE/EMAIL Home: _____ Mobile: _____ Fax: _____

Email: _____ Work phone (if convenient): _____

Are you on "facebook"? if so, under what name? _____

You are a member of _____ church

Please share your thoughts on the following questions:

1. Why are you interested in our Transformers Gap Year Leadership Program?

2. How do you think Transformers will benefit you?

3. How can you actively contribute to the Transformers Program?



4. If you could personally help to change one thing in the world what would it be?

5. What is your definition of leadership?

6. List three personal strengths and three personal weaknesses

7. What are three areas you would love to learn more about

8. What are your gifts and talents
