



# Reformed Theological College

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# RTC Evening Courses ENROLMENT FORM

## Personal Details

Surname

First Name

Address

City/Suburb

Email address

Postcode

Telephone

Gender Male  Female

Date of Birth

Married Yes  No

Do you have any medical condition about which the College should know?

*If Yes, please explain*

Yes  No

Church Affiliation

## Proposed Programme of Study

- (please tick one)*
- Certificate of Bible Ministry
  - Certificate of Missions & Evangelism
  - Certificate of Theology
  - Certificate of Pastoral Ministry
  - Certificate of Christian Studies
  - Individual Unit

*Please specify*

## Declaration

*I declare that the information contained in this form is true and correct. When accepted as a student I undertake to be responsible for all fees and charges with my studies at the Reformed Theological College.*

Name

Signature

Date

### Office Use

Date Enrolled

Amt Paid

Units Enrolled

*"Teaching and life to  
the glory of God"*