



Marcus Oldham College
CRICOS Code 00306D

**ACADEMIC FORM
APPLICATION FORM**

DIPLOMA OF HORSE BUSINESS MANAGEMENT
CRICOS COURSE CODE 06223F

Document ID: FORM-003

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Australia

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PLEASE COMPLETE ALL SECTIONS USING CAPITAL LETTERS AND RETURN TO THE COLLEGE

I wish to apply for entry to the Diploma of Horse Business Management for academic year

PERSONAL DETAILS

FAMILY NAME:

GIVEN NAMES: PREFERRED NAME:

CURRENT ADDRESS:

.....POST CODE

TELEPHONE: FAX: MOBILE:

EMAIL:

DATE OF BIRTH: day month year

ACADEMIC DETAILS

A copy of your school and further education results must be attached to this application. Please ensure that you include copy of your University Entrance Rank (if applied for) when forwarding your Year 12 subject results - **official "Board of Studies" not school report**

Secondary School Attended Year of leaving

Level achieved University Entrance Rank (if applied for)(please attach copy)

Tertiary Institution Attended

Tertiary Course Completed Year of Completion

Academic Transcript Attached

Marcus Oldham College will store your details disclosed on this form for the purpose for which it was collected. We will not disclose your personal information to a third party without your consent, unless we are required or authorised to do so by law or other regulation.

Are You of Aboriginal or Torres Strait Islander origin? (please tick ✓ appropriate box)

No Yes – Aboriginal Yes – Torres Strait Islander

Which of these languages is spoken predominantly at your permanent home residence? (please tick ✓ appropriate box)

English Only Other (please specify)

INDUSTRY EXPERIENCE & EMPLOYMENT

Please outline your previous experience with horses and/or in the horse industry.

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OTHER EMPLOYMENT

Please give brief details of any other employment, including Employer, Date(s) of Employment, Position(s)

.....

REFEREES Please provide the name & contact phone number of at least two referees

Name	.....	Name	.....
Phone number	.....	Phone number	.....
Relationship	.....	Relationship	.....

INTERVIEW REQUEST (Please tick ✓ one box only)

I would like to attend Marcus Oldham College for my interview
 My preferred dates are: or

I would like to be interviewed by telephone
 My preferred time is during business hours **OR** after hours

You will be contacted to arrange a mutually convenient time and day I certify that to the best of my knowledge the above information is correct.

Sign: **Date:**

PARENT/GUARDIAN DETAILS

Parent/Guardian 1		Parent/Guardian 2	
Name	.....	Name	.....
Address	.....	Address	.....
Ph.	.....	Ph.	.....
Fax	.....	Fax	.....
Mobile	.....	Mobile	.....
Email	.....	Email	.....

Could you please provide the following information in relation to parents/guardians. This information is part of a reporting requirement by the Commonwealth Government Department of Education, Employment and Workplace Relations (DEEWR) This information will only be given to DEEWR. Thank you

Highest education level

Parent/Guardian 1
 Secondary Completed year level in year **OR**
 Tertiary Course Year completed

Parent/Guardian 2
 Secondary Completed year level in year **OR**
 Tertiary Course Year completed

ALUMNI

Has any member of your family (relation) attended Marcus Oldham College?
 If so would you please complete the details below to enable us to maintain our alumni records.

Name	Relationship (e.g. father)	Course of study	Year completed