

APPLICATION FORM 2026

KINGSWORSHIPACADEMY
encounter exceptional create exceptional join exceptional be exceptional

This form is to be completed by any student seeking to enrol in the Worship Ministry Training programme through King’s Worship Academy.

Please complete all sections clearly and carefully by writing in block letters using a black or blue pen.

SECTION 1: APPLICANT INFORMATION

APPLICANT DETAILS

Surname	
Given name	Middle name
Preferred name (if different to above)	
Date of Birth	Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female
Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	
Home Phone	Work Phone
Mobile Phone	Fax
Email	

EMERGENCY CONTACT DETAILS

Name	
Relationship	Contact No.
Email	

RESIDENTIAL ADDRESS

Number/Street	
Suburb	
State	Postcode

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

Number/Street	
Suburb	
State	Postcode

SECTION 2: FINANCIAL INFORMATION

Which program are you applying for?

- ☐ Worship Ministry Training Program - \$795
- ☐ Early Bird Application - \$595 (before 31 Jan 2026)
- ☐ Team of 3 or more - \$395 (for each applicant)

FINANCES

Who is paying for your course/study package? Fees, withdrawal and refund policies are detailed in the Prospectus.

Are you paying your own fees?

☐ Yes

☐ No – Please specify

(e.g., Church is subsidising, Parents are supporting, etc)

SECTION 3: EDUCATION INFORMATION

Information collected in this section is used for the purposes of national reporting and planning. **Please complete all sections.**

Are you a student at The King's College? YES ☐ NO ☐

If yes, what year are you entering?

REASON FOR UNDERTAKING THE STUDY

(tick as many boxes as are relevant)

Of the following, which best describes your reason for undertaking the course/package?

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> As part of my year 11/12 VET program for WACE points |
| <input type="checkbox"/> Other (please specify below): | |

SECTION 4: ADDITIONAL INFORMATION

Information collected in this section is strictly confidential, available only to limited college staff and for the purposes of national reporting and planning.

SPECIAL NEEDS

Do you consider that you have any type of medical condition that may affect your ability to undertake training?

- | | | |
|--|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - <i>please provide details below</i> | |
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Emotional condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Learning | | |
| <input type="checkbox"/> Other (please specify): | | |

LANGUAGE & CULTURAL DIVERSITY

Country of Birth

<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):
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Aboriginal &/or Torres Strait Islander Origin

- | | |
|---|--|
| <input type="checkbox"/> Neither | <input type="checkbox"/> Aboriginal |
| <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Aboriginal & Torres Strait Islander |

Language spoken at home

<input type="checkbox"/> English Only (skip to Section 5)	<input type="checkbox"/> Other (please specify):
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How well do you speak English?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Well |
| <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all |

SECTION 5: CHURCH DETAILS

Your present church

☐ I'm not currently a member of any particular church. *(skip to Section 6)*

Pastor/Ministers Name

Church Address:

Church Phone:

Church Email:

How long have you been attending this church?

In what ways have you been involved in your church?

What is your current role?

Who is the worship pastor or music director at your church?

Number of people in your Creative Arts/Worship Team?

SECTION 6: CREATIVE/MUSICAL BACKGROUND

Do you:

☐ Sing

☐ Play Instrument(s)

☐ Neither

(check any that apply)

☐ Have Multimedia experience

☐ Other artistic talents

What level of musical theory do you possess?

☐ Basic

☐ Intermediate

☐ Advanced

If instrument(s), what do you play?

SECTION 7: APPLICANT SURVEY

How did you hear about King's Worship Academy?

What prompted you to enrol?

What are the main things you hope to learn/achieve through your study at King's Worship Academy?

What are your ministry aspirations once you've completed this course? *(where are you heading?)*

SECTION 8: APPLICANT'S CHECKLIST

Please tick the boxes below to ensure you have completed each element of your application.

☐ Completed all sections of application

☐ Payment of \$50 application fee

☐ Signed applicant's declaration *(see upper right)*

☐ Payment of late fees \$50 *(after 10 Feb 2026)*

Select your preferred payment option

☐ Credit Card

☐ EFT / Bank Transfer

☐ Bank Cheque

☐ Other (extra fees may apply) ***please provide details:***

CREDIT CARD: Please Complete Details:

☐ Visa

☐ Mastercard

Charge my card the amount AUD\$

Name on card:

Card Number:

Expiry:

☐ I will phone with my credit details: 08 9411 4100

EFT / BANK TRANSFER DETAILS

Commonwealth Bank:

BSB Number: **066 159** Account Number: **10958294**

*Identify your payment in the transaction description: **KWA [and your surname]***

APPLICANT DECLARATION AND AGREEMENT

The information I have provided in this application form is true & correct. I have read and understood the course outline. By signing this application form, I am agreeing to the refund policy as provided in the course outline.

IF ACCEPTED, I AM PREPARED TO UNDERTAKE THE EXPECTATIONS OF THE COURSE. I WILL ENDEAVOUR TO UPHOLD THE INTEGRITY OF KINGS WORSHIP ACADEMY AND ITS CHRISTIAN ETHIC.

Name

Date

(please print)

(dd/mm/yyyy)

Signature

(must be applicant's actual signature)

COMPLETED STUDENT APPLICATIONS

Please mark clearly 'KWA Student Application' and return completed form to:

KINGS WORSHIP ACADEMY

PO Box 450, Kwinana WA 6966

or

Scan completed document and email to

info@kingsworshipacademy.com.au

Once your Student Application and application fee have been received, you will be contacted by the Academy staff regarding fee payment options.

Application closes 10 February 2026 (Late application fee of \$50 applies after this date). Course commences Monday 16 February 2026.