

APPLICATION FORM 2026

KINGSWORSHIPACADEMY

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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?

- To get a job
- It was a requirement for my job
- To develop my existing business
- I wanted extra skills for my job
- To start my own business
- To get into another course of study
- To try for a different career
- For personal interest or self-development
- To get a better job or promotion
- As part of my year 11/12 VET program for WACE points
- 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?

- No
- Yes - please provide details below
- Hearing/deaf
- Mental illness
- Medical condition
- Physical
- Acquired brain impairment
- Emotional condition
- Intellectual
- Vision
- Learning
- Other (please specify):

LANGUAGE & CULTURAL DIVERSITY

Country of Birth

- Australia

Other (please specify):

Aboriginal &/or Torres Strait Islander Origin

- Neither
- Aboriginal
- Torres Strait Islander
- Aboriginal & Torres Strait Islander

Language spoken at home

- English Only (skip to Section 5)
- Other (please specify):

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

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

If yes, what year are you entering?

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 Payment of late fees \$50
(see upper right) (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
(please print)

Date
(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.