

# MOUNT PLEASANT COLLEGE APPLICATION FORM



mountpleasant  
college

Please tick the applicable box/boxes of the course/s of interest:

| MUSIC    |   |
|----------|---|
| CUA30920 | Cert III in Music   |
| CUA30920 | Cert III in Music (Sound Production)  |
| CUA40920 | Cert IV in Music ___ Creation & Composition ___ Performance                                     |
| CUA40920 | Cert IV in Music (Sound Production)   |
| MEDIA    |   |
| CUA31020 | Cert III in Screen & Media  |
| CUA31020 | Cert III in Screen and Media (Game Design & Animation)  |
| CUA40720 | Cert IV in Design (Game Design)   |
| CUA40720 | Cert IV in Design <input type="checkbox"/> Full time <input type="checkbox"/> Part time         |
| CUA41220 | Cert IV in Screen & Media <input type="checkbox"/> Full time <input type="checkbox"/> Part time |

I am a returning student

I will be submitting a separate application for Recognition of Prior Learning (RPL)

**USI**  
<https://www.usi.gov.au/students/get-a-usi>

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## STUDENT/APPLICANT INFORMATION (Print all answers in BLOCK letters)

Mr  Mrs  Ms  Miss  Other (please specify) \_\_\_\_\_ Family Name \_\_\_\_\_

Given Name/s \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_ Current Year Level \_\_\_\_\_

or Highest Education Standard Attained \_\_\_\_\_

**Literacy, Language, Numeracy.** What level of OLN have you completed? \_\_\_\_\_

### Medical Information

Please list any significant illnesses, conditions, or allergies \_\_\_\_\_

Please provide details of any disability, impairment, or chronic medical condition.

Do you experience any learning difficulty that we need to be aware of?  NO  YES \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email & Mobile: \_\_\_\_\_

Where did you hear about MPC? \_\_\_\_\_

\$100 Application Fee paid:  CASH  BANK TRANSFER  CREDIT CARD/ONLINE

**\*Please note that this fee is separate from the tuition fees.**

Applicant's Signature \_\_\_\_\_

Parent's / Guardian's Signature \_\_\_\_\_  
(for applicants under 18 years of age)

Date \_\_\_\_\_

A/C Name: Mount Pleasant College  
BSB: 066-163  
A/C No: 1036 7831  
Ref: APPFEE + Surname

*Office use only:*  
School Year \_\_\_\_\_ Student Number \_\_\_\_\_ Interview/Audition Date: \_\_\_\_\_