

**Application form for
Part-time Undergraduate
Courses in Children's and
Youth Ministry**

CONFIDENTIAL

PLEASE TYPE or USE
BLACK INK AND WRITE
IN BLOCK CAPITALS



Calver, Hope Valley, Nr Sheffield, S32 3XG
01246 584200

1. COURSE DETAILS Please indicate the course you are applying for:

CEN (two years) YMM (two years) BA CYM (4 years in total)

Note: BA Students progress onto the BA CYM course either via the CEN or YMM diploma. Please indicate which track you are planning to complete your BA studies.

Desired start date?

2. PERSONAL AND CONTACT DETAILS

Surname/Family Name

Christian Name(s)

Address

.....

Postcode (UK Only)

Nationality

Male Female

Date of Birth

Ethnicity

(University of Manchester requirement)

Tel No. Day

Tel No. Evening.....

Mobile No.

E-Mail Address

.....

3. CHILDREN'S / YOUTH MINISTRY

Are you engaged in full or part-time employed work with children or young people at present?

(If 'Yes', then please complete the following details)

Organisation / Church which employs you

.....

Address of the above

.....Tel No.....

Name of person whom you are responsible, and their work title

.....

EMPLOYMENT

Please outline the nature of your current work amongst children / young people

.....

.....

.....

Note: It is a requirement of all courses that students prove a minimum of 100 hours contact time with children or young people per year.

4. ADDITIONAL INFORMATION

Have you any health problems? If so, please give full details.

.....

.....

Do you have any special needs in relation to physical, medical or educational support?

.....

.....

.....

IF AN OVERSEAS STUDENT

Do you need a student visa?

Yes No Not sure

Note: If your response to this is "not sure" then please contact the UK Border Agency to ask for their advice.

5. ACADEMIC AND VOCATIONAL QUALIFICATIONS

Please give details below and indicate any forthcoming examinations to be taken soon or for which results are awaited.

GCSE, GCE, Certificate, Diploma, Degree, etc	Subject(s)	Grade	Date of Award

6. EMPLOYMENT DETAILS

What is your present employment (if any)?

Please give the name and address of your present employer

.....

Please give details of any previous employment starting with the most recent at the top.

From Month Year		To Month Year		Name and address of employer	Post Held

7. DETAILS OF CHRISTIAN EXPERIENCE

How long have you been a committed Christian? Please give a brief account of your Christian experience.

Details of the church of which you are a member

Name of Minister/Pastor of your church

How long have you been a member of this church?

Please write a short statement detailing your experience and responsibilities in the church,

8. REASONS FOR APPLICATION

Why do you wish to join this course at Cliff College? Include any other details you feel may support your application.

Where or from who did you hear about this programme of study at Cliff College?

9. DETAILS OF FEES

How do you propose to pay the fees? Please indicate sources of funding and possible amounts.

It is important to have an idea where your funding will come from before applying for a place.

Source	Estimated amount in £
Local Education Authority
Church
Charitable Trust
Parental or Family help
Personal Savings
Other (specify)
Total

10. ADDITIONAL QUESTIONS

Cliff College, as a Methodist foundation, is biblical and evangelical in emphasis. Are you willing to accept the discipline of the College while in residence? (Please note that the College foundation prohibits smoking and the use of alcohol in grounds and buildings). **YES/NO**

Do you agree to adhere to the discipline of the particular course you are applying for, attending all lectures, seminars and tutorials as required, and noting the academic requirements of both the college, and the wider University? **YES/NO**

The Principal reserves the right, in consultation with the Course Director and Academic Dean, to require any student to leave at any time if this is in the general interest of the whole community. Do you agree to this condition? **YES/NO**

11. REFERENCES

We require references from two people who know you well. Forms are enclosed, or downloadable via the website.

One must be from a Minister/Pastor and the other from another person who could vouch for your academic ability. Please give names, addresses and telephone numbers of those who have agreed to be your referees.

Please pass on the reference forms to your referees and ask them to send in their reference directly to the college now either by mail addressed to 'The Undergraduate Administrator' or by email to undergrad@cliffcollege.ac.uk.

Ref 1: Minister/Pastor

Address

.....Tel No

Ref 2: Name

Address

.....Tel No

Please state in what capacity the second referee has known you

12. DECLARATION: I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Applicant's Signature.....

Date