

Application form for GAP Programme

CONFIDENTIAL

**PLEASE USE BLACK
INK AND WRITE IN
BLOCK CAPITALS**



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

1. GAP Programme

Desired start date? Sep 2010 Jan 2011
 Residential Day Student

2. PERSONAL AND CONTACT DETAILS

Surname/Family Name

Christian Name(s)

Address

.....

.....

Postcode (UK Only)

Nationality

Male Female

Date of Birth

Tel No. Day

Tel No. Evening.....

Mobile No.

E-Mail Address

.....

3. FAMILY DETAILS

Marital Status

Have you any children? How many and of what age?

Will you be seeking college accommodation? Yes No

College accommodation is normally a single study bedroom, although there are a limited number of 1 and 2 bedroom flats available. If you have accommodation needs other than a single bedroom please indicate

If accepted as a residential student and allocated a single study bedroom you will normally need accommodation to which you can return for vacations. Please indicate where this will be:.....

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?

Do you need a student visa?
 Yes No Not sure

Please note - if your response to this is "not sure" then please contact the UK Border Agency to ask for their advice.

Please note that all students are required on registration to complete a Criminal Records Bureau check for criminal convictions

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,

Please write a short statement describing your hobbies and interests.

8. REASONS FOR APPLICATION

Why do you wish to come to Cliff College? Include any other details you feel may support your application.

Where did you hear about this programme?

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 £
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**

Are you willing to accept the discipline and lifestyle of the College, including attendance at lectures, regular practical work as part of your contribution to community living and participation in the worship life of the college? **YES/NO**

Do you understand that, as part of the basic course, all students are expected to take part in evangelistic mission placements and in the Festival Week with the preparation which may be involved? **YES/NO**

The Principal reserves the right, in consultation with the Board of Studies, 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. One must be from a Minister/Pastor and the other from another person who knows you well. Please give names, addresses and telephone numbers of those who have agreed to be your referees. **Please ask these referees 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.**

Minister/Pastor

Address

..... Tel No

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