

Application form for
undergraduate vocational courses in
Mission and Ministry
If printing, please use black ink and write
in block capitals

Please
include
photograph
(jpeg by email
where
possible)

1. COURSE DETAILS

Please indicate preferred course: Certificate (one year)
BA (three years)

Please indicate preferred specialist pathway: Children
Youth
Family
Third Age *
Creative Arts *
Sport *

Will you be seeking college accommodation? Yes – teaching weeks only
Yes – all year
No

Desired start date? Autumn 2019
Autumn 2020

Desired mode: Full time
Part time

* Pathways available in 2020 only

2. PERSONAL AND CONTACT DETAILS

Surname/family name
First name(s)
Address
Postcode

Male Female

Date of birth
Nationality
Ethnicity (Equal Opportunities)
Tel no. day
Tel no. evening
Mobile No.
Email address

3. PLACEMENT

It is a requirement of the Mission and Ministry courses that students show some regular engagement with an aspect of their chosen ministry.

Do you have regular engagement with your chosen ministry at present?
Yes No (If 'Yes', then please complete the following details)

Organisation/Church with which you engage:
Name of person to whom you are responsible:
Tel:

Address:

Please outline the nature of your current engagement, including any groups/societies you attend:

4. ACADEMIC AND VOCATIONAL QUALIFICATIONS

Please give details below and also 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

All students recruited onto courses designated for student support must meet the minimum language requirement assessed at Common European Framework of Reference for Languages (CEFR) level B2 or equivalent. Please state your highest level of English Language qualification:

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5. EMPLOYMENT DETAILS

What is your present employment (if any)?

Please give the name and address of your present employer.

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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

6. ADDITIONAL INFORMATION

Do you have any health problems that would affect your ability to do the course or your participation in residential weeks? If so, please give full details. Yes No

Do you have any special needs in relation to physical, medical or educational support? Yes No

7. DETAILS OF CHRISTIAN EXPERIENCE

Please give a brief account of your Christian experience.

Name of church of membership:

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 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	Est. amount (£)	Source	Est. amount (£)
Student Loans Company		Charitable Trust	
Parental or Family help		Personal Savings	
Church		Other (specify)	
Employment		Total	

10. REFERENCES

We require references from two people who know you well. Forms are provided by Admissions, or can be downloaded from the website.

Ideally, one should be from your Minister/Pastor and the other from another person who can vouch for your academic ability. Please give full contact details 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 post, addressed to 'Admissions', or by email to BAMM@cliffcollege.ac.uk.**

Minister/Pastor name:	Second referee name:
Address	Address
Tel No.	Tel No.
Email address	Email address

Please state in what capacity the second referee has known you:

11. DECLARATION

I will adhere to the requirements of the College and the course, noting specifically that:

- the College foundation prohibits smoking and the use or consumption of alcohol or illegal substances in grounds and buildings
- the course requires attendance at all lectures, seminars and tutorials.

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.

I confirm that I have included with this application:

- | | |
|---|---|
| <input type="checkbox"/> Head & shoulders photograph (electronic, if possible) | <input type="checkbox"/> Copies of all qualifications specified (certificates & transcripts) |
| <input type="checkbox"/> Copy of current DBS (Please contact us if you have no current valid DBS) | <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of birth certificate (if no passport) |

The information you supply on this form will be used by Cliff College in accordance with the Data Protection Act 1998, other relevant legislation and the College's Privacy Policy, which is available at www.cliffcollege.ac.uk/privacy-policy. The College will use the information to process your application and to provide any further information you require, as well as to support the College's marketing activities.

If you are offered and accept a place at Cliff College then the information from your application form will be used to set up your student file. Where required this information may be shared with the government or their respective agents to check the accuracy of personal information provided against external data sources, eg. the Higher Education Statistics Agency (HESA), and may also be used to contact other institutions to confirm previous qualifications obtained. If you are not offered a place, or an offer is refused, then all documentation relating to your application will normally be destroyed after one year.

Applicant's signature

Date