

School of the Annunciation

Centre for the New Evangelisation



For Office Use: Student Number: _____

Diploma in the New Evangelization

APPLICATION FORM

TITLE (Mrs, Miss, Ms, Mr, Rev etc.) _____

CHRISTIAN NAMES (Full) _____

SURNAME _____

HOME ADDRESS _____

TOWN _____

COUNTY _____

POSTCODE _____

COUNTRY _____

TEL NO _____

E-MAIL _____

All correspondence related to this course will be sent to this address unless you indicate otherwise.

DIOCESE _____

DATE OF BIRTH _____

PRESENT OCCUPATION _____

ANY PREVIOUS EXPERIENCE RELEVANT TO THIS COURSE you wish to mention

OTHER INTERESTS OR HOBBIES

QUALIFICATIONS you wish to mention

MEDICAL OR DIETARY CONSIDERATIONS THAT WE NEED TO KNOW ABOUT, OR WHICH MIGHT NEED SPECIAL ARRANGEMENTS AT RESIDENTIAL VISITS?

HOW DID YOU LEARN ABOUT THIS COURSE?

ARE YOU AWARE OF THE TIME NEEDED FOR STUDIES ON THIS PROGRAMME?

ARE YOU AWARE OF THE FINANCIAL IMPLICATIONS OF THIS PROGRAMME?

REFERENCES

Please give the name, title and address of two referees, preferably one priest or religious and one lay person, who are prepared to write to us about your abilities, character and suitability for this course. All referees should be requested by the applicant to send their letter of reference directly to the School of the Annunciation.

REFEREE 1

NAME -----

ADDRESS -----

TEL NO -----

E-MAIL -----

REFEREE 2 (PARISH PRIEST)

NAME -----

ADDRESS -----

TEL NO -----

E-MAIL -----

SIGNED ----- DATE -----

PLEASE RETURN THIS FORM TO:

**Miss Frances Roxburgh
Course Manager
School of the Annunciation
Buckfast Abbey
Buckfast
TQ11 0EE**

TOGETHER WITH

1. A personal statement explaining why you want to join this programme of studies. Approximately 500 words please.
2. A non-returnable registration fee of £50 in the form of a cheque made payable to: "School of the Annunciation."

