

School of the Annunciation

Centre for the New Evangelisation



For Office Use: Student Number: _____
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Foundations in Faith and the New Evangelisation

APPLICATION FORM

CENTRE YOU ARE APPLYING FOR: (please circle or underline) (Salford, Buckfast, Ealing, Southwark)

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

_ CHRISTIAN NAMES (Full) _____

_ SURNAME _____

By what name would you like us to address you on a day to day basis? _____ HOME

ADDRESS _____

TOWN _____

COUNTY _____

POSTCODE _____

COUNTRY _____

TEL NO _____ MOBILE _____

E-MAIL (Please print in capitals) _____

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

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

HOW DID YOU LEARN ABOUT THIS COURSE?

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

ARE YOU AWARE OF THE FINANCIAL IMPLICATIONS OF THIS COURSE?

PRIEST'S REFERENCE

Please give the name, title and address of your referee, preferably your priest or religious superior, who is 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.

NAME -----

PARISH/RELIGIOUS ORDER -----

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 of about 300 words explaining why you want to join this programme of studies.
2. A non-returnable registration fee of £50 in the form of a cheque made payable to: "School of the Annunciation."

