

APPLICATION FORM FOR ADMISSION TO THE CHAPLAINCY TRAINING COURSE

PLEASE USE BLOCK CAPITALS *Delete what is not applicable

CHAPLAINCY TRAINING COURSE

REQUEST FOR CONFIDENTIAL STATEMENT

Please write clearly or type

Your statement will be treated as strictly confidential unless you specifically give permission to disclose the contents. In your statement you should consider the following information about the candidate:

Suitability for the course; Intellectual qualities; Personal qualities; Ability to deal with people;
Inter-personal skills; Experience of community work; Proficiency in English language
(if applicant's first language is not English).

CANDIDATE'S FULL NAME:

NAME OF REFEREE:

POSITION HELD:

ADDRESS:

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POSTCODE: TELEPHONE NO. INCL. CODE:

E-MAIL ADDRESS:

CONFIDENTIAL STATEMENT (use additional sheet if necessary):

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SIGNATURE: DATE:

The completed application form should be returned to The Registrar of the MIHE, at the above address.

B) HIGHER EDUCATION:

Please give details of universities / colleges attended (including degrees obtained / courses followed, or which are still in progress):

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University / College:

From: To:

Course / Degree:

Result / Overall Grade:

C) EMPLOYMENT RECORD:

Please give details of any recent employment / work experience:

Employer:

Address:

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Nature of work:

From: To:

4. PERSONAL STATEMENT:

Please state your reasons for applying for this course and indicate what experience you have in community work and / or in dealing with people (use additional sheet if necessary):

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5. LANGUAGES:	<p>Please state your first language:</p> <p>If your first language is not English, please state what English language examination you have passed:</p> <p>.....</p>
6. NEXT OF KIN:	<p>PLEASE GIVE DETAILS OF SOMEONE WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY:</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Telephone/Fax no. :</p> <p>E-mail address:</p>
7. DECLARATION:	<p>I confirm that the information supplied by me on this form is correct. I also agree that, should I be admitted to the Markfield Institute of Higher Education, I will adhere to the Regulations of the MIHE.</p> <p>Signature: Date:</p>

What to include with this form:

- Proof of proficiency in English language if you have been educated in another language.
- Photocopy of Certificates confirming your qualifications.
- Evidence of name and date of birth (e.g. photocopy of relevant page of passport / birth certificate).

The completed application form should be returned to The Registrar of the MIHE, at the above address.

OFFICE USE ONLY:

Date of Receipt:

Interview:

Accept / Reject:

Payment of fees:

ENROLMENT FORM 2004

Name of Course: **Training of Muslim Chaplains**

Commencing: February 2004

Registration Number:

(For Office Use)

SECTION TWO – PERSONAL INFORMATION

Print the name on your passport

Family Name: _____

Other Names: _____

Date of Birth (dd,mm,yy): _____

Country of Legal Nationality: _____

Country of Normal Residence: _____

Permanent Home Address: _____

Post Code: _____

Tel: _____

Fax: _____

Email: _____

Name of Emergency Contact: _____

Address: _____

Tel: _____

Fax: _____

Email: _____

Relationship: _____

For office use only:

SECTION THREE – FEE INFORMATION

Fees to be paid by: Please mark as appropriate:

Yourself: _____ Employer: _____ Other (Please specify): _____

Method of payment (please state):

Cash or cheque: _____ Full payment ? _____ Instalments ? _____

Name and Address of Financial Sponsor (if any): _____

Fee Payment: _____ Paid: _____ Date: _____

(You will receive a note from the Registry about the Fee Payment Schedule) If your fees will be paid from more than one source, please give details of the amount from each source:

Source	Amount or % to be Paid
Yourself	Others

Please note the following: Students will not be permitted to fully register until the MIHE is satisfied that all fee payment arrangements are satisfactory.

I have checked that these details are correct.

I understand that the MIHE will use this and other data to create and maintain computer and paper records on me, both during my course and after I leave the MIHE. These records are subject to regulation by the Data Protection Act 1998. This information may be used for all aspects of educational administration including reporting to external bodies where the MIHE is required to do so, for the purposes of financial administration and for the provision of references to employers and where relevant other institutions.

I promise to observe the regulations and any MIHE codes of practice for the time being in force. I am aware of and agree to abide by the MIHE’s policy with regards to withdrawals and refunds, as detailed in the Handbook of Student Regulations.

Signature of Student: _____ Date: _____

Signature of Assistant Registrar: _____ Date: _____

Please return this completed form in person to the MIHE Office.