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| CTC-Logo.png | **Calvary Theological College**  Northumberland Park  London N17 0TB  Tel: 020 8885 4608 | 07787 132 867  Email: admin@cogicctc.co.uk  Web: www.cogicctc.co.uk | http://api.ning.com/files/2jSeKLM3VtrZdbusKq3BqcEpcdvP3eyRGCIE75TZI5DVV0JGGSpvViW6MpYU2vJrjG6NWrZpk9bLznOzxknKnRaYdnHaSbNY/52154.jpg |

**Student Application Form**

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| **1. Applicant Information** | | | | | |
| Title: |  | | | | |
| Given Name(s): |  | | | | |
| Surname: |  | | | Date of Birth: |  |
| Status: | New student | | | Returning student | |
| ***(returning students can skip to section 5, unless any of the information in sections 1-3 needs to be updated)*** | | | | | |
| Home Address: | | | | | |
| Primary Contact Number: | |  | | | |
| Email Address: | |  | | | |
| Occupation: | |  | | | |
| Emergency Contact: | |  | | | |
| Relationship to you: | |  | | | |
| Contact Number: | |  | | | |
| **2. Education History** | | | | | |
| Highest level of Education: | |  | | | |
| Other Qualifications: | |  | | | |
| Do you have a formal Theological Qualification? Yes  No  *(if yes, please provide further details)* | | | | | |
| **3. Church Involvement** | | | | | |
| Church Name | |  | | | |
| Pastor’s Name | |  | | | |
| Church Address: | | | | | |
| Contact Number: | |  | | | |
| Length of attendance: | |  | Are you a member? Yes  No | | |
| Please give a brief account of your life and Spiritual journey | | | | | |
| Tell us a little about your Church involvement that has prepared you undertake studies with us. For example, attendance at Sunday School and/or Bible Study. | | | | | |
| **4. General Information** | | | | | |
| How did you first hear about Calvary Theological College?  Recommendation  Pastor  Other | | | | | |
| Who or what influenced your decision to study with us? | | | | | |

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| **5. About your Studies** | | | | | | | | | | | |
| *What would you like to study?* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Individual Module(s) | | | |  | *Please specify module(s) here:* | | | | | | |
| Full Certificate course | | | |  | Full Time  Part Time | | | | | | |
| Full Diploma course | | | |  | Full Time  Part Time | | | | | | |
|  | | | | | | | | | | | |
| Applied Bachelor in Ministry | | | | |  | Applied Master in Theology | | | | |  |
| Do you have any learning difficulties or learning support needs that the College needs to be aware of? Yes  No  *(if yes, please provide further details below)* | | | | | | | | | | | |
| **6. Financial Details** | | | | | | | | | | | |
| Please indicate how you will manage your financial obligation to the College  ***Please note: All deposits and fees paid are non-refundable***  By yourself  With assistance from your Church or a Sponsor | | | | | | | | | | | |
| Frequency of payment(s): | | | One-off payment | | | | Termly | | | Monthly | |
| Name of Sponsor: | | |  | | | | | | | | |
| Address: | | | | | | | | | | | |
| Sponsor’s Signature: | | |  | | | | | | Date: |  | |
| **7. References** | | | | | | | | | | | |
| Please list the name of two referees who can speak in support of your application | | | | | | | | | | | |
| ***If you are a returning student or are applying at the request of your Pastor, references will not be required.*** | | | | | | | | | | | |
| Name of Referee 1: | |  | | | | | | | | | |
| Email Address: | |  | | | | | | Mobile: | |  | |
| Name of Referee 2: | |  | | | | | | | | | |
| Email Address: | |  | | | | | | Mobile: | |  | |
| **8. Declaration** | | | | | | | | | | | |
| If my application is accepted by Calvary Theological College, I agree to abide by the Rules and Regulations of the College and will commit myself fully to its programme of studies and service.  I understand that withholding or giving false information on this application will make me ineligible for admission. With this in mind, I certify that the above statements are correct and complete. | | | | | | | | | | | |
| Applicant Signature: |  | | | | | | | | Date: |  | |

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| **How we use your data; CTC Privacy Notice** | |
| *excerpt from CTC Student Handbook*  For the purpose of your application, the College will collect, store and use the following categories of data:   * personal information (such as name, age, date of birth) * contact information (home address, email, telephone number, details of an emergency contact) * special categories of information (information regarding health, learning support needs, and/or disability)   On successful completion of your application, please note that the following additional information will be captured and stored by the College:   * attendance information * assessment information * information on conduct * images and videos (captured on site or during College events, which are used for advertising and promotional purposes)   We keep personal information electronically on the College’s information management systems, IT network, or manually. Information and records will be stored securely and will only be accessible to authorised staff.  Personal data will be maintained for the duration of each individual’s relationship with the College and will only be used for the purposes it was collected. | |
| **Declaration** | |
| *Please tick as appropriate*  I understand that Calvary Theological College (“CTC”) will:   1. capture information relevant to my enquiry and/or my studies 2. hold my information securely on electronic or other relevant filing system(s), in accordance with the General Data Protection Regulations 3. hold this information in archive for a fixed period (in line with legal requirements) following completion of my relationship the College. |  |
| I understand that I have the right to:   * request access to any information held about me by the College * request that information is updated/corrected or restricted * request that my information is erased following completion or of my relationship with the College |  |
| I give consent to Calvary Theological College to publish, my name, images and/or video footage for the purposes of:   * Printed publicity and promotion; flyers, magazines * Digital publicity and promotion; Website and social media channels |  |