**Access Course in Christian Theology**

***Application for Admission***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section A: Personal Details** | | | | | | |
| **Title:** |  | | **Full name:**  **(underline your preferred name):** |  | | |
| **Address:** |  | | | | | |
| **Email address:** | |  | | | **Country:** |  |
| **Mobile Number:** | |  | | | **Nationality:** |  |
| **Date of Birth:** | |  | | | **Marital status:** |  |

|  |
| --- |
| **Section B: Course Details** |
| **Mode of Study (please tick one box ONLY):** |
| Open Learning: for certificate \* |
| Open Learning: for interest |

*\*Students who complete the Access Course successfully within two years can progress to the BA Degree in Theological Studies*

|  |  |
| --- | --- |
| **Section C: Payment Details** | |
| **Payment (please tick ONE)** | |
| I wish to pay for the **whole** course (6 modules) | |
| I wish to pay module by module | |
| **How do expect to pay for your fees (tick ONE)?** | Self-funded: |
| Other (please specify): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section D: Qualifications** | | | | | |
| **School/College/University last attended:** | | |  | | |
| **Date of Leaving:** |  | | | | |
| **Subject** | **Institution** | **Year** | | **Level** | **Grade** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section E: Employment Details** | | | |
| ***Please give details of employment and work experience*** | | | |
| **From** | **To** | **Name and Address of Employer** | **Job Role/Duties** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Section F: Disability/Additional Support Needs** |
| ***State any disability or medical condition which may affect your studies, if you so wish to declare:*** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section G: Other Information** | | | | | |
| **Name of church attended:** | |  | | | |
| **Name and address of Minister/Pastor**: | |  | | | |
| **Email address:** |  | | | **Tel. No:** |  |
| **Give details of any involvement in your church:** | | |  | | |
| **Give details of any involvement in the wider work of the Christian church:** | | |  | | |

|  |
| --- |
| **Section H: Personal Statement** |
| ***Please use this space to include any further information which you would like to be taken into account when considering your application:*** |
|  |

|  |  |
| --- | --- |
| **Section I: Marketing Preferences** | |
| **How did you hear about HTC?** |  |
| **What influenced you to apply?** |  |
| Please **tick** this box if you are happy for us to add your name to our mailing list, to receive updated, newsletters and other information relating to HTC. Please see our [Privacy Notice](https://www.htc.uhi.ac.uk/en/t4-media/one-web/university/privacy-notices/uhi-pn-il-enquiries.docx) for details. | |

|  |
| --- |
| **Section J: Declaration** |
| ***Please sign and date the declaration below and return to HTC, with two recent passport photographs, to the address below.*** |
| **I declare that the information in this form is correct to the best of my knowledge:**  **Signature: Date:** |

**PLEASE RETURN THIS FORM TO THE ADDRESS BELOW OR VIA EMAIL**

**The Academic Office,**

**Highland Theological College UHI, High Street, Dingwall,**

**Ross-shire, Scotland, IV15 9HA**

Telephone: +44 (0) 1349 780000

Fax: +44 (0) 1349 780001

Email: htcadmissions@uhi.ac.uk