**Access Course in Christian Theology**

***Application for Admission***

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

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| **Section B: Course Details** |
| **Mode of Study (please tick one box ONLY):** |
| Full-time |
| 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*

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| **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): |

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| **Section D: Qualifications** | | | | | |
| **School/College/University last attended:** | | |  | | |
| **Date of Leaving:** |  | | | | |
| **Subject** | **Institution** | **Year** | | **Level** | **Grade** |
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| **Section E: Employment Details** | | | |
| ***Please give details of employment and work experience*** | | | |
| **From** | **To** | **Name and Address of Employer** | **Job Role/Duties** |
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| **Section F: Disability/Additional Support Needs** |
| ***State any disability or medical condition which may affect your studies, if you so wish to declare:*** |
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| **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:** | | | |  | | | |
| **Names and addresses of two referees whom HTC can approach.**  These should include, where possible, someone who has employed you or has taught you in school or College. In addition to these two referees, we may also be approaching the minister/pastor whose name you have given above. | | | | | | | |
| **Name:** |  | | **Name:** | | |  | |
| **Email address:** |  | | **Email address:** | | |  | |
| **Tel. No:** |  | | **Tel. No:** | | |  | |
| **Relationship:** |  | | **Relationship:** | | |  | |

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| **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:*** |
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| **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. | |

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| **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**

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

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