**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):** |
| [ ]  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:**  |  |

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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**

**The Academic Office,**

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

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

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