

## APPLICATION FORM

Please answer all questions as fully as possible, and boxes ticked where appropriate. When completed, sign and return the form to **Admissions, Trinity School of Theology, Railway Terrace, Rugby, Warwks. CV21 3EN** along with supporting documents, including two recent passport photos and the £25.00 application fee. If you have any queries, please send an email to: [admissions@trinityschooloftheology.org.uk](mailto:admissions@trinityschooloftheology.org.uk)

### Section 1 - Personal Details

Surname/Family Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name/Forenames (in full): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel (incl. full country code): \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: Single  Engaged  Married  Other  (please state) \_\_\_\_\_

Full Name and date of birth of Spouse:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names and Dates of Birth of dependent children: \_\_\_\_\_

Will your family accompany you?  Yes  No (If No, please state what arrangements you intend to make for the care of your family in your absence). \_\_\_\_\_

### Section 2 - Course Details

The Application is for the academic year commencing September 20\_\_\_\_\_

**Please indicate which course in Theology and Ministry Studies you wish to enter :**

One Year Certificate  Accredited  Non-Accredited (UK/EU students only)

Two-Year Foundational Degree  Accredited  Non-Accredited (UK/EU students only)

Three Year BA  Accredited  Non-Accredited (UK/EU students only)

How did you hear about the Trinity School of Theology? \_\_\_\_\_

Have you applied to Trinity School of Theology (formerly Bible College of Wales) before?  Yes  No (please tick)

If Yes, please state when: \_\_\_\_\_

Please state to which other Colleges or Universities you have applied: \_\_\_\_\_

### Section 3 - Finance

Do you have the required funds in place to study at Trinity School of Theology?  Yes  No (please tick)

If No, how do you intend to finance your training? Please provide the name of individual(s) or organisation providing funds for study: \_\_\_\_\_

Is this definite or proposed? \_\_\_\_\_

**Please note that evidence of financial support will be required**

### Section 4 - Educational Attainments

Please include Secondary/High/Senior School or Tertiary or Further Education or Vocational College attendance, up to 18 years old. (For mature applicants in the UK, if you have completed an Access Course, please also state this here):

Subjects	Qualifications	Grade	Year	Awarding Body
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(Continue on a separate sheet if necessary)*

**Any Higher Education Qualifications and/or Professional Qualifications achieved:**

Subject(s)	Qualification(s)	Grade or Percentages	Year	Awarding Body
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(Continue on a separate sheet if necessary)*

**Please give details of any previous missions or Bible College training that you have completed:**

Subject(s)	Qualification(s)	Grade or Percentages	Year	Awarding Body
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(Continue on a separate sheet if necessary)*



**Tell us about the church you currently attend.**

Name of Church \_\_\_\_\_

If the church is affiliated to a network of churches, please give the group name or denomination:

\_\_\_\_\_

Church Address \_\_\_\_\_

Postal /Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel (include full Country Code) \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

How are you currently involved in church life? (If not already covered by answers to questions 1-5 above):

### **Section 8 - Supplementary Personal Information**

The following questions ask for personal information, which is necessary for us to assess your suitability for Trinity School of Theology, but also to ensure that we make adequate provision for you if you are successful.

1. Do you have a disability, special need or medical condition of which it would be useful for us to be aware?  
 Yes  No

If YES please tick the appropriate box.

- Specific learning difficulties (eg, Dyslexia) \_\_\_\_\_
- Blind/partially sighted \_\_\_\_\_
- Deaf/hard of hearing \_\_\_\_\_
- Wheelchair user/have mobility difficulties \_\_\_\_\_
- Mental health difficulties \_\_\_\_\_
- Unseen disability, eg, diabetes; epilepsy; heart condition \_\_\_\_\_
- Autistic Spectrum Disorder or Asperger Syndrome \_\_\_\_\_
- Special dietary requirements \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

2. Do you have a criminal record?  Yes  No If YES please specify

3. Have you had any involvement in a cult/occult, or with drugs/alcohol abuse?  Yes  No If YES please specify

4. Are you required to complete any obligatory military service for your country?  Yes  No If YES, please specify

5. Have you in any way had any dealings with the police in regard to issues relating to offences against children or young people?  Yes  No If YES please specify

6. Have you been checked by CRB (Criminal Records Bureau)?  Yes  No

It is a requirement that students going out on placement have CRB clearance. For those registered on the accredited course, Trinity along with the awarding University, will accept an Enhanced CRB dated less than 12 months prior to the start of the programme.

## Section 9 - References

Please supply the details for your Pastor/Church Leader and two other people who can give a character reference for you. Referees should **not** be related to you.

**Pastor / Church Leader:** (please delete as necessary)

Full Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal / Zip code \_\_\_\_\_ Country \_\_\_\_\_

Tel (include full country code) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Second Referee – Mature Personal Friend** (eg, Bible Class Leader/Christian Colleague)

Full Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal / Zip code \_\_\_\_\_ Country \_\_\_\_\_

Tel (include full country code) \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Third Referee – Employer/Tutor/Headteacher** (please delete as necessary)

Full Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal / Zip code \_\_\_\_\_ Country \_\_\_\_\_

Tel (include full country code) \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to you \_\_\_\_\_

## Section 10 - Declaration

*I confirm that the information provided on this application form is true, accurate and complete to the best of my knowledge. I understand that withholding any information requested or giving of any false information may make me ineligible for admission to Trinity School of Theology.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

**In accordance with the 1984 Data Protection Act:** no statistical or other information which could identify any individual applicant will be published or otherwise communicated to any other agency.

**Confidentiality:** Applications will be treated in the strictest confidence by Trinity School of Theology and the information will be used for the following purposes: (a) to enable Trinity to give full and proper consideration to applications, and (b) for the compilation of essential statistics.