



# College Enrolment Form

Please complete in BLOCK CAPITALS using black ink

<b>Year of Entry:</b>	<b>200__</b>
Audit only <input type="checkbox"/> College Certificate Course <input type="checkbox"/> Part-time (day) <input type="checkbox"/> Part-time (Evening) <input type="checkbox"/>	
Please list module/course selection:	
_____	_____
_____	_____

Surname:	Forenames:
Previous Surname:	Title: (Mr/Miss/Ms/Mrs)
Home Address:	Term Address (if different):
Postcode:	Postcode:
Telephone:	Telephone:
Date of Birth:	Mobile:
Nationality:	Email:

*The following four boxes are optional*

Marital Status:	Name of Spouse (if applicable):
Names of children (if applicable):	
Home Congregation:	

EDUCATION		
Name & Address of Schools/Colleges where you were educated	List any qualifications obtained	
Give details of any previous applications to this College		
Year of Application	Course applied for	Outcome

FEES	
Self <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> _____
Course Fees are payable each semester during the first week in October and in February.	
If you withdraw from your course after week 4 in either Semester, you are liable for the full course fee.	
DISABILITY/SPECIAL NEEDS STUDENTS	
The College welcomes applications from students with special needs. However, it would be helpful to know in advance about the nature of your special needs and would ask that you write to the Administrator outlining the nature of the disability.	
CONVICTIONS	
Do you have any criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
You are requested to state whether or not you have any criminal convictions except: a) a motoring offence that you received a fine or three penalty points for; or b) a spent sentence (as defined by the Rehabilitation of Offenders Act 1974)	
If you have not been convicted of a criminal offence you must tick the 'No' box.	
DECLARATION	
I have read the important information regarding my responsibility for payment of fees and agree to pay fees as stated above.	
I confirm that the information given on this form is true, complete and accurate and no information requested or other relevant information has been omitted.	
Signature: _____ Date: _____	

Completed forms should be forwarded to Union Theological College, 108 Botanic Avenue, Belfast BT7 1JT

FOR OFFICE USE ONLY					
Card Number					
Fees paid by:	Self <input type="checkbox"/>	Other <input type="checkbox"/> _____			
Year	Total Fees: £	Sem 1 Payment: £	Date	Sem 2 Payment: £	Date
Year	Total Fees: £	Sem 1 Payment: £	Date	Sem 2 Payment: £	Date
Year	Total Fees: £	Sem 1 Payment: £	Date	Sem 2 Payment: £	Date
Certificate(s) issued:					
Date issued:					