

DIOCESE OF SALFORD

APPLICATION FORM

Please complete this form and return it to:
CCRS Director
Diocese of Salford Cathedral Centre
3 Ford Street, Salford M3 6DP
0161-817 2222

SURNAME	TITLE	DATE OF BIRTH
FIRST NAMES(S)		RELIGION

HOME ADDRESS (i.e. permanent address)	STUDENTS: TERM-TIME ADDRESS	TEACHERS: SCHOOL ADDRESS
POSTCODE	POSTCODE	
EMAIL	EMAIL	
TELEPHONE	TELEPHONE	

My reason for following the course is: Teaching Parish Ministry Personal Interest			
I have the following RE related qualifications: GCSE A-Level Degree Higher Degree			
STUDENTS: Give details of your current studies		TEACHERS: Give details of your current post	
BEd PGCE Other Primary Secondary	Primary	Middle	Secondary FE/HE
Main subject(s)	Catholic	Maintained	Independent
Where you are studying	Main subject/responsibility		
Completion Date	Years in this post	Total years in teaching	

I would like to begin studying for the CCRS on (please indicate date)	
Signed	Date

NB: Do not send any money at this stage but bring it, or a request for an official invoice, with you when you commence the course.

No further acknowledgement of your registration will be issued.

<i>For official use only</i>				
Date Commenced	Date Completed	Receipt required	School/College to be Invoiced	Registration Number

Please note that the processing of information provided by participants in connection with CCRS