



# MA APPLICATION FORM

## TRANSFORMATION:

### SCRIPTURE, CHURCH AND WORLD

This form is for use by **MA/PGDip** candidates only. Please ensure that all questions are answered fully and boxes ticked where appropriate. When completed, return this form to the Postgraduate Administrator, London School of Theology, Green Lane, Northwood, Middlesex, HA6 2UW, United Kingdom.

**Please complete in BLOCK CAPITALS**

**GENERAL  
INFORMATION**

Proposed starting date (year) \_\_\_\_\_

Mr/Mrs/Miss/Ms/Rev/Dr \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_  
NB: YOUR NAME AS IT APPEARS HERE WILL EVENTUALLY BE USED ON YOUR DEGREE AWARD CERTIFICATE

Date of Birth (day/month/year) \_\_\_\_\_

Nationality \_\_\_\_\_

Ethnicity \_\_\_\_\_

Passport No \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number: (including full area dialling code) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Correspondence Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

**QUALIFICATIONS**

*Give details of the main first theological degree or professional qualifications on which you wish your application to be considered. Documentary evidence of the result in the form of an official transcript is required.*

Qualification title and year obtained \_\_\_\_\_

Examining body \_\_\_\_\_

University or College \_\_\_\_\_

Type of degree (ordinary, honours) \_\_\_\_\_

Class of degree or grading of other qualification \_\_\_\_\_

Main subject (s) \_\_\_\_\_

Period of study \_\_\_\_\_

*Give details of any other qualifications relevant to this application. Please include here any other post-graduate qualifications.*

\_\_\_\_\_  
\_\_\_\_\_

**FOR  
OVERSEAS  
APPLICANTS**

*(Entry to the programme is conditional on the attainment of a standard of proficiency in the English language).  
Please tick one:*

- I confirm that the principal language of instruction and assessment in my schooling or undergraduate degree was English
- I have taken one of the tests recommended:

Name of Test \_\_\_\_\_

**REGISTRATION**

For which mode of study do you wish to register?  Full-time  Part-time

**Full-time**

Full-time candidates are expected to pursue their programme for an average of five days per week (approximately 30 hours per week).

**Part-time**

Part-time candidates are expected to pursue their programme for an average of two days per week (18 hours or more per week)

**ACADEMIC  
REFEREES**

*Please give the names and contact addresses of two referees who can usefully comment on your academic ability and potential. Normally these will be people who have taught you.*

Referee 1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Referee 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

**FOUR OPTIONS TO BE CHOSEN  
FROM THE FOLLOWING LIST:**

**Please note all options are  
subject to availability**

- Mark's Gospel
- Holy Spirit
- Jeremiah
- Bible and Social Transformation
- Christian Worship
- Hebrew
- Greek
- Christian Approaches to Islam
- Contemporary Worship  
AS FOLLOW ON TO CHRISTIAN WORSHIP
- Music Skills
- Theology and Social Transformation  
AS FOLLOW ON TO BIBLE AND SOCIAL TRANSFORMATION
- Contemporary Apologetics

**THEOLOGICAL READING**

Please name two or three academic level theology books you have read recently.

\_\_\_\_\_  
\_\_\_\_\_

**FINANCE**

Please provide details of any scholarship or grant application made for your proposed course, giving name, value and duration.

\_\_\_\_\_  
\_\_\_\_\_

- Already awarded
- Result pending

If you do not obtain an award, how do you plan to pay your fees and living expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL DETAILS

If you have not lived in the UK since birth,  
when did your present period of residence start? (d/m/y): \_\_\_\_\_

Do you have a disability, special need or medical condition  
which it would be helpful for us to be aware of? \_\_\_\_\_

If yes, please tick below as appropriate:

- |   |   |
|---|---|
| <input type="checkbox"/> Dyslexia                     | <input type="checkbox"/> Blind/partially sighted                                  |
| <input type="checkbox"/> Deaf/hard of hearing         | <input type="checkbox"/> Wheelchair user/mobility difficulties                    |
| <input type="checkbox"/> Mental health difficulties   | <input type="checkbox"/> Unseen disability e.g. diabetes/epilepsy/heart condition |
| <input type="checkbox"/> Special dietary requirements | <input type="checkbox"/> Other (please specify)                                   |

## FAMILY DETAILS

Spouse's name \_\_\_\_\_

Children's names and dates of birth \_\_\_\_\_

## CRIMINAL CONVICTIONS

If you have a current (unspent) relevant criminal conviction please tick here

If you tick the box above please enclose all details relating to your offence and conviction, including dates and court convicted at. This information should be sent with this application form in a separate sealed envelope, clearly marked confidential with your name on it.

Disclosure information will be handled and disposed of securely by Middlesex University and the London School of Theology in compliance with the Criminal Records Bureau Code of Practice, the Data Protection Act and other relevant legislation.

Middlesex University Policy Statements: Recruitment of Ex-Offenders to Programmes of Study or Posts (HRPS27) and Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information (HRPS28) detail how the university will handle this information.

The policies listed above are available online at <http://www.mdx.ac.uk/research/degrees/routes.asp>.

Further information is available from the Admissions Manager, Academic Registry, Middlesex University

## OVERSEAS CANDIDATES ONLY

If offered a place, is it your intention to have your family accompany you?  Yes  No

If no, what arrangements have been made for their care in your absence?

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## DECLARATION

Any statements on this form which prove to be untrue or purposely misleading will cause the application to be cancelled.

### Declaration:

I confirm that the information given in this form is true, complete and accurate: no information requested or other material information has been omitted. I consent to the processing of this data by Middlesex University and London School of Theology for educational purposes under the provision of the 1998 Data Protection Act.

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE NOTE A £30 APPLICATION FEE IS REQUIRED WITH THIS FORM

### ANY APPLICANT REQUIRING A VISA TO STUDY IN THE U.K. NEEDS TO ENCLOSE A £40 APPLICATION (NOT £30) TO COVER COST OF CAS (CONFIRMATION OF ACCEPTANCE FOR STUDY).

Please note Bank Details for transfers: Account name: London School of Theology

Bank name: National Westminster Bank Plc.

Bank branch address: Northwood Branch, 37 Green Lane, Northwood, Middx, HA6 3AF

SortCode: 60-15-30

Account number: 31797008

IBAN number: GB 59NWBK60153031797008

BIC number: NWBK GB 2L

All charges to be paid by the Remitter

Please ask the bank to quote your Name & MA Application

*Please make cheques payable to London School of Theology*

Forms which are incorrectly completed will delay the decision making process. All applicants must carefully review the completed form, in particular checking that all required information has been completed in full before sending the form back to London School of Theology. **Please include all relevant transcripts and application fee.**

# MA DEGREE APPLICATION

## London School of Theology Supplementary Information

*On a separate sheet of paper, please briefly outline your Christian experience and the types of Christian service in which you have been engaged.*

To what denomination do you belong?

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To what local church do you belong?

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Please give the name and address of a Pastor, Elder, Vicar or other Christian leader to whom we may write for a character reference.

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Email: 

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### OTHER INFORMATION

How did you hear of London School of Theology?

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Why do you wish to read for this degree?

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Why do you wish to do so here in particular?

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### APPLICANTS NOT BORN IN THE UK/EU MUST ANSWER THE FOLLOWING:

Last date of entry to the UK/EU excluding holidays?

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Have you applied for Refugee or Asylum status in the UK?

Yes  No

Have you been granted indefinite leave to remain in the UK?

Yes  No

Date Permanent Residence was granted: \_\_\_\_\_

*Please enclose copies of your Home Office documentation*

Have you entered the UK on a visa?

Yes  No

Date of visa expiry: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Will you require a Tier 4 Student Visa to complete this MA programme?

Yes  No